FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L11622**

(2)

1. Corporation Name
CERTIFIED POOL MECHANICS, INC.

Principal Place of Business
C/O STEEVEN KNIGHT
1206 HEMINGWAY
FT MEYERS FL 33912
US

Mailing Address
C/O STEEVEN KNIGHT
1206 HEMINGWAY
FT MEYERS FL 33912
US

2. Principal Place of Business
21 24280 S. TAMIAMI TR
Suite, Apt. #, etc.
22
City & State
23 BONITA SPRINGS FL
Zip 24 33923 Country 25 USA

2a. Mailing Address
26 24280 S. TAMIAMI TR
Suite, Apt. #, etc.
27
City & State
28 BONITA SPRINGS FL
Zip 29 33923 Country 30 USA

3. Date Incorporated or Qualified **08/23/1989**

3a. Date of Last Report **05/31/1995**

4. FEI Number **65-0150977** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, WILLIAM R P.A.
8191 COLLEGE PARKWAY
SUITE 300
FT MEYERS FL 33919

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DPS** **KNIGHT, STEEVEN** **1206 HEMINGWAY** **FT MEYERS FL**	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	**DT** **KELLEY, MARTIN J** **176 SOUTH COLLIER BLVD** **MARCO ISLAND FL**	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP		☐ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		☐ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		☐ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		☐ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an X in this box.

SIGNATURE: 4/8/96. (941)992-9096

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)