

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L18595** (3)
1. Corporation Name
ULTIMATE POOL SERVICE, INC.



Principal Place of Business 12730 NEW BRITANNY BLVD. SUITE 420 FT. MYERS FL 33907 US	Mailing Address 1 MICHAEL R. KELSEY P.O. BOX 061022 FT. MYERS FL 33906-1022 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/25/1989	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0147567		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**KELSEY, MICHAEL R.
9874 COUNTRY OAKS DRIVE
FT. MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name	KELSEY, MICHAEL R.
82 Street Address (P.O. Box Number is Not Acceptable)	12 730 NEW BRITANNY BLVD
83 Suite, Apt. #, etc.	SUITE 420
84 City	FT. MYERS
85 Zip Code	FL 33907

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 *Michael R. Kelsey* **Michael R. Kelsey** **4-12-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSEY, MICHAEL R.	1.2 NAME	
STREET ADDRESS	9874 COUNTRY OAKS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONAS, DONALD R.	2.2 NAME	
STREET ADDRESS	5452 CHABLIS LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONAS, JEFFREY A.	3.2 NAME	
STREET ADDRESS	12731 ALLENDALE CIRCLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELSEY, DEBRA LEE F.	4.2 NAME	
STREET ADDRESS	9874 COUNTRY OAKS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report 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 if changed, or on an attachment with an address.

SIGNATURE: *Michael R. Kelsey* **Michael R. Kelsey** **4-12-98** **941-278-5550**

CR2E034 (10/97)