

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra D. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:21

DOCUMENT # L31842 (2)

1. Corporation Name

E. MAY POOLS, INC.

Principal Place of Business

**1602 NORTH THIRD STREET
JACKSONVILLE BEACH FL 32250**

Mailing Address

**1602 NORTH THIRD STREET
JACKSONVILLE BEACH FL 32250**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/17/1989

3a. Date of Last Report

01/28/1994

4. FEI Number

59-2986170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

9. Name and Address of Current Registered Agent

**EAKIN, PAUL M.
599 ATLANTIC BLVD., SUITE 6
ATLANTIC BEACH FL 32233**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature Required when existing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

**DPS
BATTS, III, JAMES T.
1848 NIGHTFALL DRIVE
NEPTUNE BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY ST ZIP

DPST

BATTS, III, JAMES T.

1602 NORTH THIRD STREET

JACKSONVILLE BEACH, FL 32250

☒ Change

☐ Addition

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY ST ZIP

☐ Change

☐ Addition

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY ST ZIP

☐ Change

☐ Addition

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY ST ZIP

☐ Change

☐ Addition

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY ST ZIP

☐ Change

☐ Addition

6 1 TITLE

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY ST ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *J. T. Batts III* JAMES T. BATTS III

3/29/95

904 246 2455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Print