


FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90281 010 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L38916

1. Corporation Name

ALL SEASONS POOL N PATIO, INC.

Principal Place of Business

12359 DRAYTON DR.
SPRING HILL FL 34609
US

Mailing Address

12359 DRAYTON DR.
SPRING HILL FL 34609
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/28/1989

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

4. FEI Number

59-2982606

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 owes the current year Intangible Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TARIS, EVELYN M
12359 DRAYTON DR.
SPRING HILL FL 34609

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ DELETE
TARIS, EVELYN M.
12359 DRAYTON DR
SPRING HILL FL 34609
NAME **TARIS, MARK J.** ☐ DELETE
12359 DRAYTON DR
SPRING HILL FL
TITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-STATE-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-STATE-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-STATE-ZIP ☐ DELETETITLE ☐ DELETENAME ☐ DELETESTREET ADDRESS ☐ DELETECITY-STATE-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME ☐ Change ☐ Addition1.3 STREET ADDRESS ☐ Change ☐ Addition1.4 CITY-STATE-ZIP ☐ Change ☐ Addition2.1 TITLE ☐ Change ☐ Addition2.2 NAME ☐ Change ☐ Addition2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-STATE-ZIP ☐ Change ☐ Addition3.1 TITLE ☐ Change ☐ Addition3.2 NAME ☐ Change ☐ Addition3.3 STREET ADDRESS ☐ Change ☐ Addition3.4 CITY-STATE-ZIP ☐ Change ☐ Addition4.1 TITLE ☐ Change ☐ Addition4.2 NAME ☐ Change ☐ Addition4.3 STREET ADDRESS ☐ Change ☐ Addition4.4 CITY-STATE-ZIP ☐ Change ☐ Addition5.1 TITLE ☐ Change ☐ Addition5.2 NAME ☐ Change ☐ Addition5.3 STREET ADDRESS ☐ Change ☐ Addition5.4 CITY-STATE-ZIP ☐ Change ☐ Addition6.1 TITLE ☐ Change ☐ Addition6.2 NAME ☐ Change ☐ Addition6.3 STREET ADDRESS ☐ Change ☐ Addition6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Evelyn M. Taris

Date

4/24/99

Daytime Phone #

352-686-5009

CR2E034 (11/98)