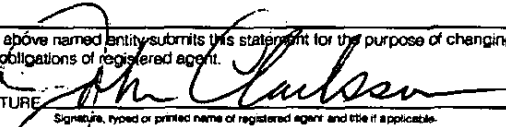
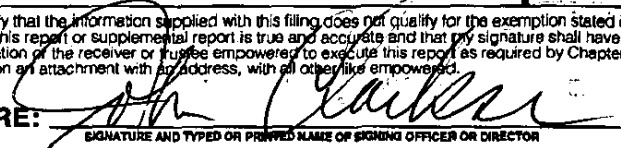


FILED
May 10, 2004 8:00 am
Secretary of State

04-23-2004 90206 038 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L43661		
1. Entity Name POOLS BY JOHN CLARKSON, INC.		
Principal Place of Business 600 ST. JOHNS BLUFF ROAD N JACKSONVILLE, FL 32225 US		Mailing Address 600 ST. JOHNS BLUFF ROAD N JACKSONVILLE, FL 32225 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CLARKSON, JOHN S. 600 ST. JOHNS BLUFF ROAD N JACKSONVILLE, FL 32225		DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CLARKSON, JOHN S. 600 ST. JOHNS BLUFF ROAD N JACKSONVILLE, FL 32225	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKSON, JUDITH J. 600 ST. JOHNS BLUFF ROAD N JACKSONVILLE, FL 32225	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11, 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		Date 5-6-04 904-223-4050 Daytime Phone #

66420264



04202004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2984930 Applied For
Not Applicable

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