**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 # **L47867** **(1)**

1. Corporation Name

**BLISS POOL & SPA DESIGNS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1716 THOMASVILLE RD<br>TALLAHASSEE FL 32303<br>US | 518 E. 9TH AVE.<br>TALLAHASSEE FL 32303<br>US |

3. Date Incorporated or Qualified: 02/06/1990

3a. Date of Last Report: 03/16/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26 1716 Thomasville Rd.
Suite, Apt. #, etc.
27
City & State
28 Tallahassee, Fl.
Zip 29 32303 | County 30

4. FEI Number: 59-2988323 ☐ 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

**BLISS, PAUL D.**
**518 E 9TH AVE**
**TALLAHASSEE FL 32303**

10. Name and Address of New Registered Agent

81 Name: Paul D. Bliss
82 Street Address (P.O. Box Number is Not Acceptable)
83: 9014 Foxwood Dr. N.
84 City: Tallahassee FL 85 Zip Code: 32308

11. Pursuant to the provisions of Section 607.0502 and 607.1509, 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. The 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: Paul Bliss (Signature of New Registered Agent, if changing) DATE: 1-24-96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BLISS, PAUL D. | 12 NAME | Paul Bliss |
| STREET ADDRESS | 518 E. 9TH AVE | 13 STREET ADDRESS | 9014 Foxwood Dr. N. |
| CITY, ST, ZIP | TALLAHASSEE FL | 14 CITY, ST, ZIP | Tallahassee, Fl. 32308 |
| TITLE | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY, ST, ZIP | | 24 CITY, ST, ZIP | |
| TITLE | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY, ST, ZIP | | 34 CITY, ST, ZIP | |
| TITLE | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY, ST, ZIP | | 44 CITY, ST, ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY, ST, ZIP | | 54 CITY, ST, ZIP | |
| TITLE | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY, ST, ZIP | | 64 CITY, ST, ZIP | |

CR2E034 (12/95)

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:** Paul Bliss Paul Bliss 1-24-96 904 681 9915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #