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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

L55147

(7)

POOLMASTERS OF GULF COAST, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address			billit dies) eient eten sien ibbi
2724 FORT WORTH ST SARASOTA FL 34231 US	PO BOX 18382 C/O DEAN HUNTER SARASOTA FL 34276-1382		DO NOT WRITE IN THIS SPACE	
	US		3. Date Incorporated or Qualified	
O. District District District	On Mailing Address		03/06/1990 4. FEI Number	Applied For
2. Principal Place of Business	2a. Mailing Address 26 6416 Emu	100 Aus	65-0174240	Applied For Not Applicable
21 6416 Ecnawoo) AUE Sulte, Apt. #, etc.	Suite, Apt. #, etc.	300B 140E		\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State 23 SARA GOTA FL	City & State 28 SARASOTA	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 SARA SOM FL Zip Country	28 SARASOTA	Country	8. This corporation owes or has paid the	
24 34231 25 USA		o USA	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current		1	10. Name and Address of New Register	
HUNTER, DEAN B1 Name			HUNTER, DEAN	
2724 FORT WORTH STREET	82 Street Address (P.O. Box Number is Not Acceptable)			
SARASOTA FL 34231		63	16 ELMWOOD AUE	
		1 1		
		B4 City SA-R		L 85 Zip Code 3423/
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 lamiliar 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) OATE				
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE DV	DELETE	13700	N./	Change Addition
NAME HUNTER, DEAN		1.2 NAME	FUNTER, DEAN AUR	
STREET ADDRESS 2724 FT. WORTH ST.		1.3 STREET ADDRESS 6	416 ELMWOOD HOR	
CITY-ST-ZIP SARASOTA FL			SARASOTA, FL 34231	
TITLE DP	DELETE	2.1 TITLE	₽ _	Change
NAME SHOE, RONALD E.		2.2 NAME S	SHOE, ROWIND E. 1804 ROKBURY DR. SARASOTA, FL 34231	
STREET ADDRESS 6935 WOODWIND DRIVE		2.3 STREET ADDRESS . 6	sod kokisury Dr.	1
CITY-ST-ZIP SARASOTA FL 34231		2. 4 CITY - ST - ZIP	PARASOTA, FL 34231	
TITLE	☐ DELETE	3.1 TITLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEL PER	3.4. CITY - ST - ZIP		Change Laddition
TITLE	☐ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		1
CITY-ST-ZIP	DELETE	4.4 CITY - ST - ZIP		☐ Change ☐ Addition
TITLE	FT DEFETE	51 TITLE		
NAME		5.2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		Change Addition
TITLE	C.J DELETE	6.2 NAME		
NAME STREET ADDRESS		6.3 STREET ADDRESS		
STREET ADDRESS				
CITY-ST-ZIP 14. I hereby certify that the information supplied with	h this filmo does not qualify for	the exemption stated in	n Section 119.07(3)(i) Florida Statutes, I furthe	r 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 other 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 any other contents with an address.

941/925-2099