

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L57561

(7)

1. Corporation Name
DIAMOND REEF POOLS, INC.



Principal Place of Business

4038 COMMERCIAL WAY
SPRING HILL FL 34606
US

Mailing Address

4038 COMEMRCIAL WAY
SPRING HILL FL 34606-2398
US

3. Date Incorporated or Qualified

03/12/1990

3a. Date of Last Report

04/30/1996

4. FEI Number

59-3004286

Applied For

Not Applicable

6. 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

2. Principal Place of Business

21 13525 ALLYN DR.

Suite, Apt. #, etc.

22

City & State

23 HUDSON, FLORIDA

Zip

24 34667

Country

25 U.S.A.

2a. Mailing Address

26 12121 LITTLE RD

Suite, Apt. #, etc.

27

City & State

28 HUDSON, FLORIDA

Zip

29 34667

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

ANTHONY, JOHN F.
13525 ALLYN DRIVE
HUDSON FL 34487

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 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

John Anthony Vice President John Anthony 23 Apr. 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME MARIN, DONNA R.
STREET ADDRESS 14480 SPUR ST
CITY- ST- ZIP BROOKSVILLE FL

☐ DELETE

TITLE ST
NAME ANTHONY, JOHN F.
STREET ADDRESS 13525 ALLYN DRIVE
CITY- ST- ZIP HUDSON FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP 34614

21 TITLE ☐ Change ☒ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP 34667

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP

14. I do 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.

SIGNATURE: *John Anthony*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97 813-869-0754
Date Daytime Phone

CR2E034 (9/96)