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 # **L73685** **(4)**

1. Corporation Name

A & G CONCRETE POOLS, INC.

Principal Place of Business	Mailing Address
782 SW BAYSHORE BLVD 749 NW SABLE ST PORT ST LUCIE FL 34983 US	782 SW BAYSHORE BLVD 749 NW SABLE ST PORT ST LUCIE FL 34983 US

3. Date Incorporated or Qualified: **05/14/1990**

3a. Date of Last Report: **06/28/1995**

4. FEI Number: **65-0192070** ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 **410 Saeger Avenue**	26 **410 Saeger Avenue**
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: **Fort Pierce, FL**	28 City & State: **Fort Pierce, FL**
24 Zip: **34982** 25 Country: **St. Lucie**	29 Zip: **34982** 30 Country: **St. Lucie**

9. Name and Address of Current Registered Agent

ALLEN, ARTHUR HAMILTON
749 NW SABLE ST
PORT ST LUCIE FL 34983

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): **410 Saeger Avenue**

83 **Fort Pierce, FL**

84 City: **FL** 85 Zip Code: **34982**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, 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. Subject to my obligations, if any, to the corporation, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ALLEN, ARTHUR H.		12 NAME	
STREET ADDRESS	749 NW SABLE ST		13 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL		14 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ALLEN, GINA BOWDEN		22 NAME	
STREET ADDRESS	749 NW SABLE ST		23 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL		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	

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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)(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 added above.

SIGNATURE: Gina B. Allen 1-16-96 407-878-7752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)