**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **DOCUMENT # L74758** 1. Corporation Name

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90180 047 \*\*\*150.00

I IIMAAWA	POOLS, INC.						
Principal Place	of Paleinnes	Malling Address			(RI OBII TIBII DIEII DIBIE DERI D	(WIS ANTIT ES DA	
C/O KENT J. A	INDERSON A RD., SUITE 6	P.O. BOX 20684 SARASOTA FL 34276 US		DO NOT WRI 3. Date Incorporated or Qualifed 05/16/1990	TE IN THIS SPACE		}
2 Principal Pi	ace of Business	2a Mailing Address		4, FEI Number	Ap	plied For	l
2 242	Seco END ST		END ST	65-0195844	No	Applicable	ļ
Suite, Apt.	·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75		
22		27	<u> </u>	3. 00.0000	Fee K8	<u> </u>	==
City & State		City & State		6. Election Campaign Financing	\$5.00_ Added t		<b> </b>
2 5900		28 590950174	<u> </u>	Trust Fund Contribution		0 rees	ı
Zip	Country	29 342 40 30	Country	<ol> <li>This corporation owes the curr Personal Property Tax.</li> </ol>	ent year ıntangıble ☐ Yes	□No	1
24 342				10. Name and Address of New I			
81 Name							ŀ
ANDERSON, KENT J.				ddress (P.O. Box Number is Not Accept			ł
7101 S TAMIAMI TRAIL			82 Street A	FRU END ST			l
SUITE A			83	. 2			}
SARASOTA FL 34231			84 City		85 Zip 0	Code	i
<b>\</b>				3950779	FL 1 1.39	240	
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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							İ
office or n	egistered agent, or both, in the State o m familiar with, and accept the congati	on Florida. Such change was auth ons of, Section 607.0505, Florida	Statutes.	auch a board of directors. Thereby accept	1//20 /06	) -	l
SIGNATURE	Authles	- LAMAND W	MINGA		729199		1
SIGNATORE	Signature, typed or printed name of registered agent		listered Agent signature req		DATE	DC IN 42	ã
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OF	Change	Addition	11/08
TITLE	DP C	□ DELETE	1.1 TILE				
NAME	MILLIGAN, LEONARD W.		12 NAME				F0 4
STREET ADDRESS	9023 RED CEDAR CIR.		1,3 STREET ADDRESS				2
CITY-ST-ZIP	BRADENTON FL DST	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change	☐ Addition	Ċ
TITLE	MILLIGAN, TIMOTHY E.	- otter	22 NAME				l
NAME	2805 HERMITAGE BLVD.		23 STREET ADDRESS				1
STREET ADORESS	VENICE FL.		2.4 CTV-ST-7P				<u> </u>
TITLE	ZICHOL. LESSE SEE ES	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	ļ
NAME		_	32 NAME				(
STREET ADORESS		<del>-</del> -	3.1 STREET ADDRESS		-		ļ
CITY-ST-ZIP	A second		3.4. CITY-ST-ZIP			<del></del>	1
TILE		☐ DELETE	45 TITLE	-	Change	Addition	1
NAME			4,2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				1
CITY-ST-ZIP			4.4 CTTY-ST-ZSP				l
TITLE		☐ DELETE	5.1 TITLE	-	☐ Change	☐ Addition	l
l · l			52 NAME				(

6.4 CITY-ST-ZIP 14. 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 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 reperper 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 ap attachment with any address, with all other like empowered.

DELETE

5.3 STREET ADDRESS

**6.3 STREET ADDRESS** 

S.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TILE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZE

Change

Addition

= :

= 13

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