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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 13 PM 3:38

DOCUMENT # **L82374** **(4)**

1. Corporation Name

MICHAEL LEONARD POOL SERVICE, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL LEONARD 4511 SOUTH OCEAN BLVD. S-208 HIGHLAND BEACH FL 33487-4225	C/O MICHAEL LEONARD 4511 SOUTH OCEAN BLVD. S-208 HIGHLAND BEACH FL 33487-4225

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/20/1990
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22); City & State (23); Zip (24); Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27); City & State (28); Zip (29); Country (30)

4. FEI Number: 65-0161427 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEONARD, MICHAEL
4511 SOUTH OCEAN BLVD.
SUITE 208
HIGHLAND BEACH FL 33487

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, 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	LEONARD, MARGARET E.	12 NAME		
STREET ADDRESS	4511 SOUTH OCEAN BLVD.	13 STREET ADDRESS		
CITY ST ZIP	HIGHLAND BCH. FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	LEONARD, MICHAEL	22 NAME		
STREET ADDRESS	4511 SOUTH OCEAN BLVD.	23 STREET ADDRESS		
CITY ST ZIP	HIGHLAND BCH. FL	24 CITY ST ZIP		
TITLE	O	31 TITLE	OFFICER	☒ Change ☐ Addition
NAME	BENNETT, SAMUEL D	32 NAME	MARGARET M. DORIA	
STREET ADDRESS	269 FLAMINGO DR	33 STREET ADDRESS	2211 PRETTY LANE #3	
CITY ST ZIP	W PALM BCH FL	34 CITY ST ZIP	WEST PALM BEACH, FL. 33415	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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 on an attachment with an address.

SIGNATURE: Michael J. Leonard MICHAEL J. LEONARD APR. 7, 1995 407 276 4527
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0270150 CP