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

FILED PROFIT Feb 04 1998 8:00am ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT #

1. Corporation Name (3)M55549 KENDALL POOL & SUPPLY, INC. Principal Place of Business Mailing Address 9730 E. INDIGO ST. 9730 E. INDIGO ST. P.O. BOX 570389 P.O. BOX 570389 DO NOT WRITE IN THIS SPACE MIAMI FL 33257-7389 MIAMI FL 33257-7389 3. Date Incorporated or Qualified 07/15/1987 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 59-2831988 Not Applicable 21 26 Suite, Apt. #, etc. Sulte, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zio Country Zio 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent A1 Name CRITZER, RONALD L. 10521 SW 185 TERR 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 83 84 City Zip Code \$207.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered as of, Section 607.0505, Florida Statutes. Pursuant to the provisions of office or registered agent or agent. I am familiar with a second control of the control of SIGNATURE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12, Change Addition DELETE 1.1 TITLE TITLE CRITZER, RONALD L. 1.2 NAME 9730 EAST INDIGO STREET STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADDRESS** 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE

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 receiver or trustee processor 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

6.2 NAME

6.3 STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP