PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M55549

1. Corporation Name

KENDALL POOL & SUPPLY, INC.	•							
Principal Place of Business Mailing Address			i idalibati; non eniar arter artir asera r			1811 AIBIS BLATH ALAN	Eldii dinii inal	
9730 E. INDIGO ST. 9730 E. INDIGO ST.								
P.O. BOX 570389 P.O. BOX 570389 MIAMI FL 33257-7389 MIAMI FL 33257-7389					DO NOT WRITE IN THIS SPACE			
MIAMI FL 33257-7389 MIAMI FL 33257-7389					3. Date Incorporated or Qualifed			1
					07/15/1987			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	— — — ·	oplied For]
21	26				59-2831988		ot Applicable	-
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	·	Additional equired	
[22]	27	City & State			a Clastica Compaign Financing		May Be	æ
City & State	28	110			6. Election Campaign Financing Trust Fund Contribution		мау ве to Fees	1
Zip Country	Zip	Country			8. This corporation owes the current year			1
24 25	25 29 30				Personal Property Tax.	☐Yes	⊡ No	
9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New Registe	red Agent		}
ODITZED DOMAID I			B1 Na	ame				
CRITZER, RONALD L. 10521 SW 185 TERR		ļ.	82 St	reet Addre	ss (P.O. Box Number is Not Acceptable)			1
MIAMI FL 33157		-	B3					1
MIAMITE 33137		ľ	53		•			
·		- [84 Ci	ty		FL 85 Zip	Code	
Pursuant to the provisions of Sections 607 office or registered agent or both, in the Sagent. I am familiar with early of the SIGNATURE	0502 and 607.1508, Florida Statute te of Florida. Such change was au ligators of, Section 607.0505, Flori	s, the ab thorized ida Statu	ove-na by the es.	med corpo corporation			registered egistered	
Signature, typed of printed name of registere	7.3		gent sign	ature required	when reinstating) DAT			1 6
	AND DIRECTORS	13.		-	ADDITIONS/CHANGES TO OFFICER:	S AND DIRECTO	Addition	1
NAME CRITZER, RONALD L.	(_) DELETE	1.1 TITL			•	D Ownerings		;
NAME URITZEH, HUNALU L. STREET ADDRESS: 9730 EAST INDIGO STREET	•		EET ADD	RESS				3
CITY-ST-ZIP MIAMI FL			-ST-ZIP		•			}
TITLE	☐ DELETE	2.1 TITL				Change	☐ Addition	1
NAME	22 N		Œ					ł
STREET ADDRESS		2.3 STR	EET ADDI	RESS				
,CITY-ST-ZIP		2.4 CIT	Y-ST-ZIF					-
TITLE	DELETE 3.1 TI		E			Change	Addition	ļ
NAME		3.2 NA						l
STREET ADDRESS			EET ADO		,	•		
CITY-ST-ZIP	☐ DELETE	3.4. CIT 4.1 TITL	Y-ST-ZIP			Change	Addition	1
NAME	LJ DECETE	4.2 NA					J	
STREET ADDRESS			EET ADD	RESS				
CITY-ST-ZIP			-ST-ZIP					
TITLE	☐ DELETE	5.1 TITI	_			Change	Addition	
NAME		5.2 NA	Æ			•		
STREET ADDRESS		5.3 STF	EET ADD	RESS		•		
CITY-ST-ZIP		5.4 CIT	r-ST-ZIP			<u> </u>		İ
TITLE	☐ DELETE	6.1 TITU				Change	☐ Addition	
NAME		6.2 NAM						
STREET ADDRESS		6.3 STF	EET ADD	RESS				1

14. I hereby certify that the information supplied with this filling 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 or powered 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 a address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 4

CITY-ST-ZIP

REQUIRSD SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90063 035 ***150.00