

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M65943** (6)

1. Corporation Name

CUSTOM POOLS & SHOTCRETE, INC.

Principal Place of Business

**17914 HIGHWAY 41 NORTH
LUTZ FL 33549**

Mailing Address

**17914 HIGHWAY 41 NORTH
LUTZ FL 33549**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/28/1988

3a. Date of Last Report

03/31/1994

4. FEI Number

59-2870002

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BARTHOLOMEW, SANDRA L.
17914 HWY 41 N
LUTZ FL 33549**

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

Signature, typed or printed name of registered agent and this if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME

**PD
BARTHOLOMEW, PAUL L.
1529 TOUCHTON ROAD
LUTZ FL**

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

**SD
BARTHOLOMEW, SANDRA L.
1529 TOUCHTON ROAD
LUTZ FL**

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

**VD
BARTHOLOMEW, EARL J.
23 AUDREY RD.
LAND-O-LAKES FL**

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME

STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME

1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME

2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME

3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME

4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME

5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME

6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

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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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra L. Bartholomew
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA L. BARTHOLOMEW

3/20/95

213-948-2347

Daytime Phone #