

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 PM 3:38

DOCUMENT # M74570

(6)

1. Corporation Name

D & B POOL SERVICE, INC.

Principal Place of Business

Mailing Address

1116 SE 12TH AVE
CAPE CORAL FL 33990

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CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/30/1988

3a. Date of Last Report

03/15/1994

4. FEI Number

65-0066824

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

2a. Mailing Address

21 16261 Old US 41
Suite, Apt. #, etc.

26 16261 Old US 41
Suite, Apt. #, etc.

22 Ft Myers Florida
City & State

27 Ft Myers FL
City & State

23 Zip 33912 County LISA

28 Zip 33912 County LISA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAN, MARK
327 SE 34TH ST
CAPE CORAL FL 33904

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 607.0500 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

Mark Dean
Signature, typed or printed name of registered agent and filed if applicable.

Proscribed
(NOTE: Registered Agent signature required when registering)

DATE

2-13-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME BARNES, ALLAN M.
STREET ADDRESS 2303 SE 10TH AVE
CITY - ST - ZIP CAPE CORAL FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE P
NAME DEAN, MARK
STREET ADDRESS 327 SE 34TH ST
CITY - ST - ZIP CAPE CORAL FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE ST
NAME BARNES, VICKY
STREET ADDRESS 2303 SE 10 AVE
CITY - ST - ZIP CAPE CORAL FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE:

Vicky L Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-95

813-433-5575

(Date)

(Telephone Number)