

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M74570** (6)

1. Corporation Name
D & B POOL SERVICE, INC.



Principal Place of Business

**16261 OLD US 41
FT MYERS FL 33912
US**

Mailing Address

**16261 OLD US 41
FT MYERS FL 33912
US**

3. Date Incorporated or Qualified **03/30/1988** 3a. Date of Last Report **02/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

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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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

2. TITLE ☐ Change ☐ Addition

3. NAME

4. STREET ADDRESS

5. CITY - ST - ZIP

3. TITLE ☐ Change ☐ Addition

4. NAME

5. STREET ADDRESS

6. CITY - ST - ZIP

4. TITLE ☐ Change ☐ Addition

5. NAME

6. STREET ADDRESS

7. CITY - ST - ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

6. TITLE ☐ Change ☐ Addition

7. NAME

8. STREET ADDRESS

9. CITY - ST - ZIP

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

14-26-96 (94) 483-6366

CR2E034 (12/95)