

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25, 1999 8:00 am
Secretary of State
08-25-1999 90002 032 ***550.00

DOCUMENT # M74570

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

Principal Place of Business
1116 SE 12TH AVENUE
CAPE CORAL FL 33990
US

Mailing Address
1116 SE 12TH AVENUE
CAPE CORAL FL 33990
US

609285 - 90002 - 32



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/30/1988

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 owes the current year
Intangible Personal Property:

☐

Yes ☐ No

2. Principal Place of Business

21 16261 Old US 41

Suite, Apt. #, etc.

22 Ft Myers

City & State

23 FL 33912

Zip

24 USA

Country

2a. Mailing Address

26 16261 Old US 41

Suite, Apt. #, etc.

27 Fort Myers

City & State

28 FL

Zip

29 33912

Country

30 USA

9. Name and Address of Current Registered Agent

BANSBACH, ALAN W ESQ.
8191 COLLEGE PARKWAY
SUITE 304
FORT MYERS FL 33919

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

Alan Welling Bansbach

8-18-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

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

TITLE V ☐ 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

TITLE ☐ DELETE

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

P
ALAN M. BARNES
14200 Hickory Marsh Ln #111
Ft Myers, FL 33912

☒

Change ☐ Addition

VST
Barnes Vicky
14200 Hickory Marsh Ln #111
Ft Myers, FL 33912

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

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Change ☐ Addition

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 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.

SIGNATURE

[Signature]

7-30-99 941-433-6366

CR2E034 (5/99)