

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).

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90002 032 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **M74570**

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

609285 - 90002 - 32



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

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

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**

2a. Mailing Address
 26 **16261 Old US 41**

Suite, Apt. #, etc.
 22 **Ft Myers**

Suite, Apt. #, etc.
 27 **FORT MYERS**

City & State
 23 **FL 33912**

City & State
 28 **FL**

Zip
 24 **33912**

Country
 29 **USA**

Zip
 30 **33912**

Country
 31 **USA**

9. Name and Address of Current Registered Agent

BANSPACH, 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 Banspach** DATE **8-18-99**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BARNES, ALAN M	
STREET ADDRESS	2303 SE 10TH AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARNES, VICKY	
STREET ADDRESS	2303 SE 10 AVE	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P ALAN M. BARNES
1.3 STREET ADDRESS	14200 Hickory Marsh Ln #111
1.4 CITY-ST-ZIP	Ft Myers, FL 33912
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VST Barnes Vicky
2.3 STREET ADDRESS	14200 Hickory Marsh Ln #111
2.4 CITY-ST-ZIP	Ft Myers, FL 33912
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Alan Welling Banspach*

7-30-99 941-433-6366

CR2E034 (5/99)