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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **M75163** (9)

1. Corporation Name
FLAMINGO POOL SERVICE & SUPPLY, INC.

| | |
|-------------------------------------------------|-------------------------------------------------|
| Principal Place of Business | Mailing Address |
| 12901 MCGREGOR BLVD., #12 FT. MYERS FL 33919 | 12901 MCGREGOR BLVD., #12 FT. MYERS FL 33919 |

DO NOT WRITE IN THIS SPACE.

| | |
|-----------------------------------|-------------------------|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 04/04/1988 | 04/11/1994 |

| | | | |
|-------------------------------------------------|--------------------------|--------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 2532 Estero Boulevard | 26 2532 Estero Boulevard | 65-0042600 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| 22 #107 | 27 #107 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | <input type="checkbox"/> | |
| 23 Ft. Myers Beach FL | 28 Ft. Myers Beach FL | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country |
| 24 33931 | 25 USA | 29 33931 | 30 USA |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |

BAUER, CAROLYNN E.
2532 ESTERO BOULEVARD #107
FT. MYERS BEACH, 33931

| | |
|-------------------------------------------------------|-------------|
| B1 Name | B5 Zip Code |
| B2 Street Address (P.O. Box Number is Not Acceptable) | FL |
| B3 | |
| B4 City | |

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 re-registering)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BAUER, CAROLYNN E. | 1.2 NAME | |
| STREET ADDRESS | 2532 ESTERO BLVD. #107 | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT. MYERS FL | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GULNAC, PATRICK A. | 2.2 NAME | |
| STREET ADDRESS | 2532 ESTERO BLVD. #107 | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT. MYERS FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 119.07(3)(k), 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: Carolynn E. Bauer 4/10/95 (813) 463-6269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (OPTIONAL)