FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N23674 (7)

1. Corporation Name

THE NORTHEAST FLORIDA CHAPTER OF NATIONAL SPA & POOL INSTITUTE, INC.

Principal Place of Business	Mailing Address
~~C/O PHILIP A. PETERSON~~	~~C/O PHILIP A. PETERSON~~
~~710 OAKS MANOR COURT~~	~~710 OAKS MANOR COURT~~
~~JACKSONVILLE FL 32211~~	~~JACKSONVILLE FL 32211~~
MARILYN GARIS	MARILYN GARIS
2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 454	26 P.O. Box 454
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ponte Vedra Beach, Florida	City & State same
Zip 24 32004 County 25 USA	Zip same Country 30 USA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1987
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2856307 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~PETERSON, PHILIP A~~	81 Name: Marilyn Garis
~~558 S OSPREY AVE~~	82 Street Address (P.O. Box Number is Not Acceptable): ~~Six Sailfish Drive~~
~~SARASOTA FL 34236~~	83
	84 City: Ponte Vedra FL 85 Zip Code: ~~32082~~

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: Marilyn Garis — 4-17-95
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	PD	11 TITLE: P
NAME	VAUGHN, GEORGE F. JR	12 NAME: Tony Omran Acton Chem ☒ Change ☐ Addition
STREET ADDRESS	5566 FT CAROLINE ROAD #16	13 STREET ADDRESS: 6454 Beach Boulevard
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP: Jacksonville, Florida 32216
TITLE	VD	21 TITLE: VP
NAME	OMRAN, W.A. TONY	22 NAME: Pat Eaton ☒ Change ☐ Addition
STREET ADDRESS	6901 BEACH BLVD	23 STREET ADDRESS: 308 South Ponce de Leon Blvd.
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP: St. Augustine, Florida 32084
TITLE	TD	31 TITLE: T
NAME	EATON, PAT	32 NAME: Beth Gunti ☒ Change ☐ Addition
STREET ADDRESS	275 ICE PLANT ROAD	33 STREET ADDRESS: ~~P.O. Box 2910~~ 1939 West Beaver Street
CITY-ST-ZIP	ST AUGUSTINE FL	34 CITY-ST-ZIP: Jacksonville, Florida 32209
TITLE	D	41 TITLE: S
NAME	COREY, RONALD G.	42 NAME: Buss Williamson ☒ Change ☐ Addition
STREET ADDRESS	6901 BEACH BOULEVARD	43 STREET ADDRESS: Sunworks of Jacksonville, Inc.
CITY-ST-ZIP	JACKSONVILLE FL	44 CITY-ST-ZIP: 4538 Sunbeam Road #302, Jacksonville, Florida 32257
TITLE	D	51 TITLE: D
NAME	FITZSIMMONS, JOE	52 NAME: Fitzsimmons, Joe ☒ Change ☐ Addition
STREET ADDRESS	691 BLANDING BOULEVARD	53 STREET ADDRESS: 691 Blanding Boulevard
CITY-ST-ZIP	ORANGE PARK FL	54 CITY-ST-ZIP: Orange Park, Florida 32065
TITLE	SD	61 TITLE: D
NAME	KNOPF, KEN	62 NAME: Corey, Ronald G ☒ Change ☐ Addition
STREET ADDRESS	7387 BAYBERRY ROAD	63 STREET ADDRESS: 6454 Beach Boulevard
CITY-ST-ZIP	JACKSONVILLE FL	64 CITY-ST-ZIP: Jacksonville, Florida 32216

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William A. Om — 4/12/95 — 904 273-8994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Telephone Number)

COR1400