## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90069 020 \*\*\*150.00

i. Corporation	MENT # P07891 K POOL BUILDERS, INC.						
Original Olega	of Dunings	Mailing Address					IIDII OKOKI IDDI
•							
555 PADDOCK PARKWAY PO BOX 11676  555 PADDOCK PARKWAY PO BOX 11676							
		ROCK HILL SC 29731			DO NOT WRITE IN THIS SPACE		
		US			3. Date Incorporated or Qualifed		
					10/28/1985		-6-4
Principal Place of Business     2a. Mailing Address					4. FEI Number	<b>├┼</b> -	plied For of Applicable
21 Cuita Anti-	#	26 Suite Ant # etc	Suite, Apt. #, etc.		14-1378778	\$8.75	
Suite, Apt. #, etc. Suite, Apt. : 27					5. Certifcate of Status Desired	Fee Re	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be
23	28			Trust Fund Contribution	Added		
Zip	Zip	Country		8. This corporation owes the current year I			
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		-	10. Name and Address of New Registered	d Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				1 Name 2 Street	Address (P.O. Box Number is Not Acceptable)		
•			8	_	F	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 of 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 A		
TITLE	CTD DELETE		1.1 TITLE			Change	Addition
NAME	BAKER, WILLIAM H.		1.2 NAME	<b>E</b>			
STREET ADDRESS	50 FARIWAY RIDGE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	CLOVER SC		1.4 CITY-ST-ZIP			E101	T Addition
TITLE	SD DELETE		2.1 TRTLE			☐ Change	☐ Addition
NAME	DAILH, IRRUCEILE		2.2 NAME				
STREET ADDRESS	50 FARIWAY RIDGE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	CLOVER SC		2. 4 CITY			Change	Addition
TITLE	10		3.1 TITLE			_] change	
NAME	AANGODIANE AANE		3 2 NAME			-	
STREET ADDRESS	14 WOODVINE LANE			ET ADDRESS			
CITY-ST-ZIP TITLE	LAKE WYLIE SC	☐ DELETE	3.4. CITY 4.1 TITLE		1/	Change	Addition
NAME		EJ 9000.0	4. 2 NAM		GRAVES C. F		_
STREET ADDRESS				ET ADDRESS	2245 Prived De		
				ST-ZIP	GRAVES, C. E. 2245 Raven Dr. ROUK HILL, SC		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	_	1111	Change	☐ Addition
NAME		-	5.2 NAME		`		
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP			5.4 CITY	-\$T-ZIP	_		
TITLE	☐ DELETE		6.1 TITLE			Change	Addition
NAME			6.2 NAME	<b></b>			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
CITY OT 7ID			6.4 CITY	ST-ZIP			ŀ

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, with all other like empowered.

SIGNATURE: