

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

FILED

Feb 17 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000002917 (2)

1. Corporation Name

HUTCHINS & ANDRADE POOL SPECIALISTS, INC.

Principal Place of Business

9704 KATY DRIVE  
HUDSON FL 34667

Mailing Address

9704 KATY DRIVE  
HUDSON FL 34667-4363

3. Date Incorporated or Qualified  
10/30/1992

3a. Date of Last Report  
03/20/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3149326

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HUTCHINS, KENNETH W  
8374 DUNNELLON ROAD  
BROOKSVILLE FL 34613

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

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	DPT	<input type="checkbox"/> DELETE
NAME	HUTCHINS, KENNETH W	
STREET ADDRESS	8374 DUNNELLON RD.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	ANDRADE, PAUL	
STREET ADDRESS	8374 DUNNELLON RD.	
CITY-ST-ZIP	BROOKSVILLE FL 34613	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUTCHINS, KENNETH W	
1.3 STREET ADDRESS	8374 DUNNELLON RD	
1.4 CITY-ST-ZIP	BROOKSVILLE FL 34613	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDRADE, PAUL	
2.3 STREET ADDRESS	8374 DUNNELLON RD	
2.4 CITY-ST-ZIP	BROOKSVILLE FL 34613	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANDRADE, WALDIR	
3.3 STREET ADDRESS	9704 KATY DRIVE	
3.4 CITY-ST-ZIP	HUDSON, FL 34667	
4.1 TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ANDRADE, ARNALDO	
4.3 STREET ADDRESS	9704 KATY DRIVE	
4.4 CITY-ST-ZIP	HUDSON FL 34667	
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 do 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: X ARNALDO ANDRADE X 2-11-97 X (813) 869-4344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)