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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000003602 (9)

DAVE'S POOL SERVICE, INC.

**FILED** Mar 26 1998 8:00am Secretary of State

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Principal Place of Business  703 CRIMSON KING TRACE #1903  TARPON SPRINGS FL 34689 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  11/05/1992  2. Principal Place of Business  2a. Mailing Address  4. FEI Number  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  City & State  Applied For  Sulto, Apt. #, etc.  6. Election Campaign Financing  \$5.00 May Be											
TARPON SPRINGS FL 34689 US  2. Principal Place of Business 2. Amining Address 2. Amining Address 3. Delia Incorporated or Qualified 11/05/1992 2. Principal Place of Business 2. Amining Address 3. Delia Incorporated or Qualified 11/05/1992 3. Delia Incorporated or Qualified 11/05/1992 3. Suite, Apt. 4, etc. 3. City & State 3. City & State 4. El Number 5. State Bourness 5. Country 5. Suite Country 6. Country 7. Delia Transfer Countricion 7. The Countricion 7. Suite Country 7. Delia Transfer Countricion 8. Name and Address of Current Registered Agent 7. Suite Country 7. Suite Country 7. Suite Country 8. Name and Address of Current Registered Agent 7. Suite Countricion 8. Name and Address of New Registered Agent 7. Suite Countricion 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Steel Address (F.O. Box Number is Not Acceptable) 8. Steel Address (F.O. Box Number is Not Acceptable) 8. Steel Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is Not Acceptable) 8. Suite Address (F.O. Box Number is	Principal Place	of Business	Mailing Add	Mailing Address				100 16610 <b>6</b> 6641 907			
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Suite, Apt. 4, etc.  27  Suite, Apt. 4, etc.  27  City & State  28  29  20  20  20  20  20  20  20  20  20	2. Principal P	ace of Business	2a. Mailing	Address				Ar	plied For		
Suite, Apt. 4, etc.  27  Suite, Apt. 4, etc.  27  City & State  28  29  20  20  20  20  20  20  20  20  20	21		26	26			59-3 153450	No	t Applicable		
City & State    27	Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				\$8.75 /	Additional		
Zip   Country   Zip   Country   Zip   Country   Replaced Agent   Single Address of Current Registered Agent   Single Address of New Registered Agent   Single Address of Rev Registered Agent   Single Registered	22			<del></del>			J. Commodic of Claids Decired	Fee Re	berlupe		
2p	<u> </u>	9	<u></u>	City & State			· · · · · · ·				
Section   Personal Property Rate due June 30.	23										
2. OFFICERS AND DIRECTORS  2. STREET ADDRESS  CITY-ST-2P  TITE  DELETE  1. Name and Address of New Registered Agent  1. Name  1. Name and Address of New Registered Agent  1. Name  1. Name and Address of New Registered Agent  1. Name and Address of New Registered Agent  1. Name  1. Name and Address of New Registered Agent  1. Name and	_	<del>                                     </del>	<u>}</u> ι	<u> </u>	_ `	,	, ,				
ZUZA, DAVID TOS CRIMSON KING TRACE TARPON SPRINGS FL 34689  22 Street Address (P.O. Box Number is Not Acceptable)  14. 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 agent. I are flamiliar with, and accept the obligations of, Section 607 0506, Florida Statutes  SIGNATURE  15. OF FICE RS AND DIRECTIORS  16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIORS  17. TITLE  17. TITLE  17. TITLE  17. TARAMI  17. STAPP  17	24				<u> </u>				] 140		
TARPON SPRINGS FL 34689  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  94   City   FL   85   Zip Code  95   City   FL   85   Zip Code  95   City   FL   85   Zip Code  96   City   FL   85   Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, but a bove-named comporation submits this statement for the purpose of changing its registered again. I am familiar with and accept the obligations of, Section 607.6508, Florida Statutes  96   City   FL   85   Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, but a bove-named comporation submits this statement for the purpose of changing its registered again. I am familiar with and accept the obligations of, Section 607.6508, Florida Statutes  97   Signature Registered again. I am familiar with in and accept the obligations of, Section 607.0508, Florida Statutes  12.	711				81	Name					
Signature   Page   Pa	703	CRIMSON KING TRACE		82 Street Ar			dress (P.O. Box Number is Not Acceptable)				
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 agont, 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, and the carried the obligations of, Section 607 0505, Florida Statutes    SIGNATURE	TAF	RPON SPRINGS FL 34689			83						
11. Pursuant to the provisions of Sections 607 d502 and 607 1508, Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 607 d505, Florida Statutes.  SIGNATURE  Signature. Vived or protect familiar with and accept the obligations of, Section 607 d505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  TITLE  DP  DP  DP  TITLE  DP  TORRESS OFFICERS AND DIRECTORS  1.3 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  1.1 STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  3. STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  4. STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  5. STREET ADDRESS  CITY-ST-2P  DELETE  5. STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  5. STREET ADDRESS  CITY-ST-2P  TITLE  DELETE  5. STREET ADDRESS  CITY-ST-2P  TITLE  Change  Addition  Addition  Change  Addition  C					84	City	· · . · . · · · · · · · · · · · · ·	<b>85</b> Zip (	Code		
office or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and animal writin, and accept the obligations of, Socion 607 SOSO, Florida Studies    Signature byted or printed name of registered agent and this * agriculable*   INDIE   Registered Agent agreement agent when reinstating)   DATE	11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pamed corporation submits this statement for the purpose of changing its registered										
Signature Upredict president and registered again and life if againstable required when reinstating)   DATE	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.										
TITLE	SIGNATURE Signature, typed or profied name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE										
NAME   STREET ADDRESS   TARPON SPRINGS FL	12.		RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN				
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CITY-ST-ZIP 6.4 CITY-ST-ZIP						r apported					
14. Thereby county that the information supplies that the information is		ertify that the information supp	lied with this filing doe	s not qualify for			n Section 119.07(3)(i), Florida Statutes. I further	certify that the	information		

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 illettanged, or on an atjachment with an address.

1- 23-98