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Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90009 003 ***450.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000005035

1. Corporation Name

~~LIFETIME POOLS OF OCALA, INC.~~

Lifetime Construction, Inc.

Principal Place of Business

LIFETIME POOLS OF OCALA INC.
1195 NE 37 LANE
OCALA FL 34479

Mailing Address

LIFETIME POOLS OF OCALA INC.
1195 NE 37 LANE
OCALA FL 34479

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/16/1992

4. FEI Number

65-0367973

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

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

9. Name and Address of Current Registered Agent

DRAKE, LARRY C
1195 NE 37 LANE
OCALA FL 34479

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	P	<input type="checkbox"/> DELETE
NAME	DRAKE, LARRY C	
STREET ADDRESS	1195 NE 37 LANE	
CITY-STATE-ZIP	OCALA FL 34479	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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 907, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-99

Date

352-732-2377

Telephone

CR2E034 (11/98)

ARTICLES OF AMENDMENT
OF
LIFETIME POOLS OF OCALA, INC.


COPY

P92000005035
408542-90009-7

The undersigned, being the President and the Secretary of the corporation, hereby certifies that:

1. The name of the corporation is LIFETIME POOLS OF OCALA, INC.
2. The corporation was formed pursuant to the filing of a Certificate of Incorporation in the office of the Secretary of State on the November 16, 1992.
3. In accordance with Florida Statutes 607.1006, all of the Shareholders have approved the Amendment to the Certificate of Incorporation changing the name of the corporation to LIFETIME CONSTRUCTION, INC.. This Amendment is specified in the Statement attached hereto as Exhibit "A" and hereby made a part of this Amendment.

IN WITNESS WHEREOF, the corporation has caused this Amendment to be signed in its name by its President and Secretary and the corporate seal to be affixed, this 15 day of MARCH, 1999.



Larry C. Drake, President

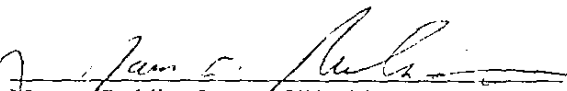
STATE OF FLORIDA
COUNTY OF MARION

BEFORE ME, the undersigned authority, personally appeared LARRY C. DRAKE [] who is personally known to me or [] who has produced _____ as identification, and who subscribed the above Amendment to the Certificate of Incorporation, and he did freely and voluntarily acknowledge before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal, at Ocala in said County and State, this 15 day of MARCH, 1999.



James L. Richard
MY COMMISSION # CC661417 EXPIRES
October 29, 2001
BONDED THRU TROY FAIR INSURANCE, INC.



Notary Public, State of Florida
Print _____
My Commission Expires: _____

11-18-99

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EXHIBIT "A"

Amendment to Certificate of Incorporation


The undersigned, being all of the Shareholders of LIFETIME POOLS OF OCALA, INC., agree that Article I be amended to read as follows:

"ARTICLE I

NAME

The name of the corporation shall be: LIFETIME CONSTRUCTION, INC."

IN WITNESS WHEREOF, the Shareholder has hereunto set his hand this 15th day of MARCH, 1999.



LARRY C. DRAKE,
Shareholder

RECEIVED
MAR 18 1999