

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P92000007475 (6)**

1. Corporation Name

A'SPREE POOL REMODELING, INC.



Principal Place of Business

**5085 S HWY 17-92
CASSELBERRY FL 32707**

Mailing Address

**5085 S HWY 17-92
CASSELBERRY FL 32707**

3. Date Incorporated or Qualified

11/23/1992

3a. Date of Last Report

04/17/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARKS, LOUIS H JR
532 STARSTONE DR
LAKE MARY FL 32746**

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 of person submitting this report (must be officer or director)

Signature of Registered Agent (required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

V

☐ DELETE

2. NAME

**ECOCHARDT, ROBERT LOUIS
620 FRUITWOOD DRIVE
WINTER SPRINGS FL**

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

VSTD

☐ DELETE

6. NAME

**PARKS, CHRYL M
532 STARSTONE DR.
LAKE MARY FL**

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

29. TITLE

30. NAME

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS H. PARKS, JR.

407-830-7224

DATE: _____

CR2E034 (12/95)