

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

FILED  
Jun 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/23/1992

4. FEI Number

59-3148807

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 or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

PARKS, LOUIS H JR  
532 STARSTONE DR  
LAKE MARY FL 32748

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VSTD ☒ DELETE  
NAME PARKS, CHRYL M  
STREET ADDRESS 532 STARSTONE DR.  
CITY-ST-ZIP LAKE MARY FL

TITLE P ☒ DELETE  
NAME PARKS, LOUIS H.  
STREET ADDRESS 532 STARSTONE DRIVE  
CITY-ST-ZIP LAKE MARY FL

TITLE S-P ☐ DELETE  
NAME CLIFFORD S. WATKINS  
STREET ADDRESS 1205 N. HART RD.  
CITY-ST-ZIP GENEVA, FL.

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V.P. ☒ Change ☐ Addition  
1.2 NAME PARKS, CHRYL M  
1.3 STREET ADDRESS 532 STARSTONE DR.  
1.4 CITY-ST-ZIP LAKE MARY, FL

2.1 TITLE V.P. ☒ Change ☐ Addition  
2.2 NAME PARKS LOUIS H.  
2.3 STREET ADDRESS 532 STARSTONE DR.  
2.4 CITY-ST-ZIP LAKE MARY, FL

3.1 TITLE P-S ☐ Change ☒ Addition  
3.2 NAME CLIFFORD S. WATKINS  
3.3 STREET ADDRESS 1205 N. HART RD  
3.4 CITY-ST-ZIP GENEVA, FL.

4.1 TITLE V.P. ☐ Change ☒ Addition  
4.2 NAME CLIFFORD S. WATKINS  
4.3 STREET ADDRESS 1205 N. HART RD. GENEVA, FL  
4.4 CITY-ST-ZIP GENEVA, FL 32718

5.1 TITLE V.P. ☐ Change ☒ Addition  
5.2 NAME MILTON BERN 1205 N. HART RD. GENEVA FL  
5.3 STREET ADDRESS P.O. Box 182 (mailing address)  
5.4 CITY-ST-ZIP CASSELBERRY, FL 32718

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE [Signature] 11/27/98 407/830-7224

CR2E034 (10/97)