

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000015114 (0)

1. Corporation Name

CUSTOM POOL AND LANDSCAPE, INC.



Principal Place of Business

5150 THOROUGHbred BLVD.
JACKSONVILLE FL 32257

Mailing Address

5150 THOROUGHbred BLVD.
JACKSONVILLE FL 32257

3. Date Incorporated or Qualified
02/22/1993

3a. Date of Last Report
03/22/1995

4. FIC Number
59-3165063

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

BUCKLEY, SHAWN
5150 THOROUGHbred BLVD.
JACKSONVILLE FL 32257

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. Zip

FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.06(3), 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. Thereby, accept the appointment as registered agent, I am familiar with, and accept the responsibility of Sections 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 12

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 12
1. TITLE	1. TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
2. TITLE	2. TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
3. TITLE	3. TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
4. TITLE	4. TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
5. TITLE	5. TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP
6. TITLE	6. TITLE
NAME	NAME
STREET ADDRESS	STREET ADDRESS
CITY, ST, ZIP	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS N. 12
1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included 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 that I am an officer or director employed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Book 12 or Book 13 of changes in an attached exhibit to this filing.

SIGNATURE: *Shawn H. Buckley* Shawn H. Buckley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

904-262-8850

CR2E034 (12/95)