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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017491 (0)

XTRA POOL REPAIR & SERVICE, INC.

Principal Place of Business

8340 PLYMOUTH LN DAVIE FL 33331 US Mailing Address

6340 PLYMOUTH LN DAVIE FL 33331-2978

FILED May 14 1997 8:00am Secretary of State



•				3. Date Incorporated or Qualified	3a. Date of Last Report
				03/04/1993	04/12/1996
2. Principal Pla	ce of Business	28. Mailing Address	1 - > /*!	,4. FEI Number	Applied For
21 1 <i>0</i> 593	5 NW 53 Street	26 1 0595 IVI	N33Str	ee/ 65-0432877	Not Applicable
Sulte, Apt. #		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 <u>SU</u>	incise, th	28 SUNVISC	FL	Trust Fund Contribution	Added to Fees
39025	Country	Zip	Country	8. This corporation has liability for in	
24 333) ₂₅ UJ7	29 53351 3	o WH		Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent
BOURBEAU, RANDY 6340 PLYMOUTH LANE DAVIE FL 33331			83	82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City	
			City		FL 3 2 P 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE 5	Ignature, typed of printed name of registered agent	and title if applicable. (NOTE: F	legistered Agent signature re	quired when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE		RS AND DIRECTORS IN 12 S
NAME	BOURBEAU, RANDY		1,2 NAME		
STREET ADDRESS	6340 PLYMOUTH LN		1.3 STREET ADDRESS		[6
CITY-ST-ZIP	DAVIE FL		1.4 CHY-ST-ZIP		2
TITLE		DELETE	2 1 TITLE		☐ Change ☐ Addition ☐
NAME			2.2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 COY-ST-ZIP		;
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		1
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. Crty - St - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		\
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		<u> </u>
CITY-ST-ZIP			5.4 City-St-ZiP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		- ·	6.2 NAME		_ ,
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP					
	certify that the information supplied	with this filing does not qualify	6.4 CITY-ST-ZIP for the exemption sta	ited 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 eath; that it 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 attachment with an address.					

DARG

4-28-17