

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000028324 (0)

1. Corporation Name

EAGLE POOL & SPA OF LEE COUNTY, INC.

Principal Place of Business

429 SW 44TH STREET
CAPE CORAL FL 33914

Mailing Address

429 SW 44TH STREET
CAPE CORAL FL 33914

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1993

3a. Date of Last Report

08/06/1996

4. FEI Number

65-0403298

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.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

118 S.E. 16th Terrace

Cape Coral, FL

33990

Lee

9. Name and Address of Current Registered Agent

EDILLE, PHILLIP R
429 SW 44TH STREET
CAPE CORAL FL 33914

10. Name and Address of New Registered Agent

81 Name

ROY S. BENEDEUCE

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

118 S.E. 16th Terrace

83

84 City

Cape Coral

FL

85 Zip Code

33990

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

ROY S. BENEDEUCE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/4/97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
DP
EDILLA, PHILLIP R
429 SW 44TH STREET
CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VP
BENEDEUCE, ROY S
137 S.E. 43RD TERRACE
CAPE CORAL FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
ST
EDILLA, JO ANN
429 SW 44TH STREET
CAPE CORAL FL 33914

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

118 S.E. 16th Terrace
Cape Coral, FL 33990

14. I do 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 attachment with an address.

SIGNATURE ROY S. BENEDEUCE

CR2E034 (4/97)