FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

5-1-95

DOCUMENT # P93000029954 (3)

1. Corporate Name

TROPICAL POOL REPAIR, INC.

Principal Place of Business

126 SE CROSSPOINT DRIVE
PORT ST. LUCIE FL 34983

Mailing Address

126 SE CROSSPOINT DRIVE
PORT ST. LUCIE FL 34983

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 04/22/1993

3a. Date of Last Report: 09/06/1994

21 Principal Office Address: SAME

26 Mailing Address: SAME

22 State, Apt. # etc.

27 State, Apt. # etc.

23 City & State

28 City & State

24 25 29 30

4. FEI Number: 65-0402104 — 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. Does corporate have authority to indemnify officers and directors under S. 607.0850, Florida Statutes? ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, FRANK E
126 SE CROSSPOINT DRIVE
PORT ST. LUCIE FL 34983

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 Section 607.0501 and 607.0505, 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

12. OFFICERS AND DIRECTORS

D
WILLIAMS, FRANK
126 SOUTHEAST CROSSPOINT DRIVE
PORT ST. LUCIE FL 34983

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that the information contained in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added herein with an address.

SIGNATURE: FRANK Williams (President) 1-26-95 (407-879-0532)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0464463 FP