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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Apr 07 1997 8:00am

Secretary of State

CR2E034

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032739 (3)

QUALITY POOL ENCLOSURES, INC.

Principal Place of Business 1800-A EL JOBEAN ROAD 1800-A EL JOBEAN ROAD PORT CHARLOTTE FL 33948-1249 PORT CHARLOTTE FL 33948-1260 3. Date Incorporated or Qualified 3s. Date of Last Report 03/13/1996 05/05/1993 2a. Mailing Address Applied For 4. FEI Number 2. Principat Place of Business 65-0464276 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing **Trust Fund Contribution** Added to Fees 28 23 Zip Country 8. This corporation has liability for intengible tax under s 199 032, Zio Country Yes 🔲 No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GRANT, PHILLIP W 1800-A EL JOBEAN ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PORT CHARLOTTE FL 33948-1249 83 Zip Code 84 City 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. Experation - typoid or permitted came of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1.1 TITLE THUL GRANT, PHILLIP W 1.2 NAME NAME 1800-A EL JOBEAN RD. 1.3 STREET ADDRESS SIREET ADDRESS PORT CHARLOTTE FL 33948-1249 COY-ST-ZIP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE THILE SMITH, BILL D. 2.2 NAME NAM5 14 **560 NEPONSIT DRIVE** 2.3 STREET ADDRESS STREET ADDRESS **VENICE FL** 2. 4 CITY-ST-ZIP CITY-ST Addition Change D۷ DELETE 3.1 TITLE TIME PIKE, DAVID 3.2 NAME NAME **420 BAYNARD DRIVE** 3.3 STREET ADDRESS STEEL CADORESS VENICE FL 34285 3.4. CITY-ST-ZIP CHY-SL-7P Change Addition ___ DFLETE 4.1 TITLE HILL 4. 2 NAME NAME 4.3 STREET ADDRESS \$TREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST 78 Addition DELETE ☐ Change 51 TITLE THEF 52 NAME NAME 5.3 STREET ADDRESS STHEET ADDRESS 5.4 CITY-ST-ZIP CITY - S1 - ZiF Change Addition DELETE HILE 6 1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY - ST-ZIP

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 emptions to execute this report as required by Chapter 607, Florida Statutes; and that my name

SE BILLD SMITH X 4-2-97

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