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FILED
Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000032739 (3)**

1. Corporation Name

QUALITY POOL ENCLOSURES, INC.

Principal Place of Business

Mailing Address

**1800-A EL JOBEAN ROAD
PORT CHARLOTTE FL 33948-1249**

**1800-A EL JOBEAN ROAD
PORT CHARLOTTE FL 33948-1249**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1993

4. FEI Number

65-0464276

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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30

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRANT, PHILLIP W
1800-A EL JOBEAN ROAD
PORT CHARLOTTE FL 33948-1249**

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **GRANT, PHILLIP W**
STREET ADDRESS **1800-A EL JOBEAN RD.**
CITY - ST - ZIP **PORT CHARLOTTE FL 33948-1249**

TITLE **DST** ☐ DELETE

NAME **SMITH, BILL D.**
STREET ADDRESS **560 NEPONSIT DRIVE**
CITY - ST - ZIP **VENICE FL**

TITLE **DV** ☐ DELETE

NAME **PIKE, DAVID**
STREET ADDRESS **420 BAYNARD DRIVE**
CITY - ST - ZIP **VENICE FL 34285**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I 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 *[Signature]* **600002459846**
-03/17/98--01076--038
*****150.00**

CR2E034 (10/97)