

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 JUL -5 AM 8:45

DOCUMENT # P93000041477 (9)

1. Corporation Name:

TODD SCHOOK - STARBRITE POOL SERVICE INC.

SECRET
STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

P.O. BOX 741
OSPREY FL 34229

Mailing Address

PO BOX 741 OSPREY FL
SARASOTA FL 34229
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1993

3a. Date of Last Report

02/03/1994

4. FEI Number

34-3540930

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

7. The corporation has timely filed its reports under S. 199.001,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21. *Tampa, FL*

2a. Mailing Address

26. *Tampa, FL*

22. State, Apt. #, etc.

27. State, Apt. #, etc.

23. City & State

28. City & State

24. For

25. To

29. For

30. To

9. Name and Address of Current Registered Agent

SCHOOK, TODD
16449 WINBURN PL
SARASOTA FL 34240

10. Name and Address of New Registered Agent

81. Name *Todd Schook*

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

P.O. Box 741 Osprey FL

83. City

Osprey

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1601, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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 provisions of Section 607.0602, Florida Statutes.

SIGNATURE

Signature of Current Registered Agent (Required when changing)

Signature of Registered Agent (Required when appointing)

DATE

12. OFFICERS AND DIRECTORS

1. NAME
D
SCHOOK, TODD
16449 WINBURN PL
SARASOTA FL 34240

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SIGNATURE:

Todd Schook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/95

DATE

Signature of Agent