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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 20, 1999 8:00 am **Secretary of State**

02-20-1999 90060 039 ***150.00

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PROFESSIONAL POOL BUILDERS CLEANING AND REPAIR,

| ncipal | Place | of | Business |
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|--------|-------|----|----------|

Mailing Address



2221 E NORVELL BRYANT HWY 221 E NORVELL BRYANT HWY HERNANDO FL 34442 HERNANDO FL 34442 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/16/1993 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-3197766 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 3 28 Country Zip Country Zip 8. This corporation owes the current year Intangible ☐ Yes Personal Property Tax. 25 29 30 4 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 JOHNS, JOAN B Street Address (P.O. Box Number is Not Acceptable) 2752 W ELMBLOSSOM **BEVERLY HILLS FL 34465** 83 84 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 obligations of Section 607.0505, Florida Statutes. (NOTE: Registered Agent signature required when reinstating) Signature, typ CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition ☐ Change ☐ DELETE VD 1.1 TITLE TITLE JOHNS, JOAN B 1.2 NAME NAME 2746 W ANTIOCH IN 1.3 STREET ADDRESS STREET ADDRESS **LECANTO FL 34461** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE **BUSSINGER, NORMAN JACK** 22 NAME NAME 4642 N CANDLEWOOD DR 2.3 STREET ADDRESS STREET ADDRESS **BEVERLY HILLS FL 34465** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-2IP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE 51 TID F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Addition Change □ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 of on an attachment with an address, with all other like empowered.

SIGNATURE:

2-599 352-726-7474