1999



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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90036 033 ***150.00

WELLINGTON CRYSTAL CLEAR POOL SERVICE, INC.							in Airin Bhill BrAi	1 1 4 184 1112 1 86 1		
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Principal F	Place of Business	Mail	ling Address					I B BILLIN BILLI DI DI	1 1 0020 1111 1 01 1	
11640 SANDERLING DRIVE 11640 SANDERLING DRIVE WELLINGTON FL 33414 WELLINGTON FL 33414							DO NOT WRITE IN TH	IS SPACE		
US		US					3. Date Incorporated or Qualifed	10 01 /102		
i			•				08/31/1993			
2. Princip	al Place of Business	2a.	Mailing Address		_		4. FEI Number	A	pplied For	
21		26					65-0441657		ot Applicable	
22	Apt. #, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired	
City &	State Co. of 1771 Co. No. 1882 Co. 1882	•	City & State				6. Election Campaign Financing		May Be	
23	(1.24年) 1.42年 5	28					Trust Fund Contribution		to Fees	
Zip ˈ.	Country	\vdash	Ζip Γ	_	country		 This corporation owes the current year I Personal Property Tax. 	ntangible Yes	□No	
24	9. Name and Address of Current	29 Pogietr		30			10. Name and Address of New Registere			
i	9, Name and Address or Current	Regise	sied Ageill		81	Name				
	TONKS, STACIE LYNN				82	Street Add	ress (P.O. Box Number is Not Acceptable)			
1	11640 Sanderling Drive Wellington FL 33414				83	•				
[84	City		. 85 Zip	Code	
<u>'</u>						·	<u> </u>	L] [
11. Pursu	uant to the provisions of Sections 607.0502	and 60	7.1508, Florida Statute	s, the	above	-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing it jointment as r	s registered egistered	
agen	t. I am familiar with, and accept the obligation	ions of, S	Section 607.0505, Flor	ida S	tatutes.		5.1.5 564.12 6. 4.4.564.10			
SIGNATU	JRE						ad when reinstating) DATE			
	Signature, typed or printed name of registered agent					t signature require	ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	ŝ
12.	OFFICERS AND	DIKEC	DELETE	_	13. 1 TITLE		ADDITIONS/CHANGES TO OTTICE RO	Change		
NAME	TONKS, STACIE LYNN		****			1			_	
STREET ADDI				1.3	2 NAME	- 1			_	
CITY-ST-ZIP,	RESS 13416 BEDFORD MEWS COURT	T				ADDRESS				
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l i	WELLINGTON FL VPT TONKS, PHILIP D		☐ DELETE	1.3 1.4 2.7 2.3	3 STREET 4 CITY-ST 1 TITLE 2 NAME			☐ Change		100100
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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, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

561-198-0547