SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 8/5/95: $225 (IF PAID LATE, ADDITIONAL AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:26

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DIVISION OF CORPORATIONS
95 JUL -3 AM 8:26

DOCUMENT # P93000070488 (0)

1. Corporation Name

MY POOL SERVICE, INC.

Principal Place of Business	Mailing Address
220 SE 24TH AVENUE BOYNTON BEACH FL 33435	220 SE 24TH AVENUE BOYNTON BEACH FL 33435

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/11/1993
3a. Date of Last Report: 05/17/1994

2. Principal Place of Business
21: 1045 NW 10th St
22 Suite, Apt. #, etc.
22: Boynton Beach, FL
23 City & State

2a. Mailing Address
26: Same
27 Suite, Apt. #, etc.
28 City & State

24 Zip: 33426
25 Country: Palm Beach
29 Zip
30 Country

4. FEI Number: 65-0454988
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

8. This corporation has authority to transact business in Florida pursuant to s. 180.0202 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH STREET
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

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 _____ DATE
(Signature, title or printed name of registered agent and title if applicable) (Registered agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ABELL, BRYAN	12 NAME	
STREET ADDRESS	220 SE 24TH AVENUE	13 STREET ADDRESS	1045 NW 10th Street
CITY-ST-ZIP	BOYNTON BEACH FL 33435	14 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	ABELL, KELLY	22 NAME	
STREET ADDRESS	220 SE 24TH AVENUE	23 STREET ADDRESS	Same as Above
CITY-ST-ZIP	BOYNTON BEACH FL 33435	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Kelly Abell Kelly Abell 6/25/95 407-364-0575
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0100473 FP