FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAY 25 AM 11:58

DOCUMENT # **P93000084440 (5)**

1. Corporation Name
PERFECT POOL INTERIORS, INC.

Principal Place of Business	Mailing Address
4903 SANTA MONICA CT. CAPE CORAL FL 33904	4903 SANTA MONICA CT. CAPE CORAL FL 33904

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 10/28/1994

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 SAME
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25 Lee	Zip / Country 29 / 30 Lee

4. FEI Number: 65-0453271 ☐ 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 liability for intangible tax under S. 199.032,* Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MORTON, ALLEN 4903 SANTA MONICA COURT CAPE CORAL FL 33904	81 Name: SAME 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: Allen J. Morton Allen J. Morton Pres. 5-20-95
Signature, Typed or Printed Name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	MORTON, ALLEN	12 NAME	
STREET ADDRESS	4903 SANTA MONICA COURT	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL 33904	14 CITY-ST-ZIP	
TITLE	~~ST~~	21 TITLE	☑ Change ☐ Addition
NAME	~~WARD, SCOTT~~	22 NAME	ST Sandra Morton
STREET ADDRESS	~~7818 STEVENSON ROAD~~	23 STREET ADDRESS	4903 Santa Monica Ct
CITY-ST-ZIP	~~NORTH FORT MYERS FL 33917~~	24 CITY-ST-ZIP	Cape Coral Fl. 33904
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	EASH, RICK	32 NAME	
STREET ADDRESS	9610 GREEN CPRESS	33 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL 33905	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	

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: Allen J. Morton Allen J. Morton Pres 5-20-95 540-7674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

044000 FP