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FILED

Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000087042 (6)

1. Corporation Name
AQUAPOOLCO, INC.



Principal Place of Business

2302 DELPRADO BLVD
CAPE CORAL FL 33990
US

Mailing Address

2302 DELPRADO BLVD
CAPE CORAL FL 33990-6632
US

2. Principal Place of Business

21 1503 DELPRADO BLVD
Suite, Apt. #, etc.

2a. Mailing Address

26 1503 DELPRADO BLVD
Suite, Apt. #, etc.

City & State

23 CAPE CORAL, FL

City & State

28 CAPE CORAL, FL

Zip

24 33904

Country

25 USA

Zip

29 33904

Country

30 USA

3. Date Incorporated or Qualified

12/15/1993

3a. Date of Last Report

06/20/1996

4. FEI Number

65-0475474

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

GREEN, WILLIAM C
2511 SE 25TH AVENUE
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81

Name

GARY HOWE

82

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

1116 SE 31ST TERRACE

83

84

City

CAPE CORAL, FL

85

Zip Code

33904

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

GARY L. HOWE

(NOTE: Registered Agent signature required when reinstating)

4/11/97

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
D	HOWE, V. D	1116 SE 31ST TERR.	CAPE CORAL FL	<input type="checkbox"/>
D	HOWE, GARY L	1116 SE 31ST TERR.	CAPE CORAL FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY L. HOWE

4/11/97(91) 458-8272

Date

Daytime Phone #

CR2E034 (9/96)