

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000004698 (4)

1. Corporation Name

ADVANCED POOL DESIGN OF NAPLES, INC.

Principal Place of Business

Mailing Address

1013 OAK FOREST DRIVE
NAPLES FL 33942

1013 OAK FOREST DRIVE
NAPLES FL 33942



2. Principal Place of Business

2a. Mailing Address

21 1013 OAK FOREST DR

26 7231 RADIO RD

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State
23 NAPLES FL

27 City & State
28 NAPLES, FL

24 Zip 33942 25 Country US

29 Zip 33942 30 Country U.S.

3. Date Incorporated or Qualified

01/07/1994

3a. Date of Last Report

12/08/1995

4. FEI Number

65-0462101

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

THRELKELD, MICHAEL B
4800 ENTERPRISE AVE 1013 OAK FOREST DRIVE
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name MICHAEL B THRELKELD (SAME)
82 Street Address (P.O. Box Number is Not Acceptable)
1013 OAK FOREST DRIVE
83
84 City NAPLES FL 85 Zip Code 33942

11. Pursuant to the provisions of Sections 607.0532 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 (Type or print name of registered agent and then applicable)

(If the Registered Agent's signature is required when not changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME PD BENFORD, HOLLY
STREET ADDRESS 200 MISTY PINE CIR
CITY-ST-ZIP NAPLES FL 33942

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael B Threlkeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL THRELKELD 8/7/95 (941)352-6622
Date Date of Filing

CR2E034 (3/96)