

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 06 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 # P94000017644 (3)

1. Corporation Name  
CLEAR POOLS, INC.



Principal Place of Business  
1768 SE PORT ST. LUCIE BLVD  
PORT ST. LUCIE FL 34952  
US

Mailing Address  
2288 LUCAYA STREET  
PORT ST. LUCIE FL 34952-6820

3. Date Incorporated or Qualified 03/07/1994  
3a. Date of Last Report 02/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0472248

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

U.C.G. FILING & SEARCH SERVICES INC.  
520 EAST PARK AVENUE  
SUITE 200  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

STEVEN GILLETTE

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

1768 SE PORT ST LUCIE BLVD

83

84 City

PORT ST LUCIE

FL

85 Zip Code

34952

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

*Steven Gillette*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-97

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GILLETTE, HAROLD  
STREET ADDRESS 2288 LUCAYA STREET  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

☒ DELETE

TITLE VST  
NAME GILLETTE, HAROLD  
STREET ADDRESS 2288 LUCAYA STREET  
CITY-ST-ZIP PORT ST. LUCIE FL 34952

☒ DELETE

TITLE PD  
NAME STEVEN GILLETTE  
STREET ADDRESS 1768 SE PORT ST LUCIE BLVD  
CITY-ST-ZIP PORT ST LUCIE, FL 34952

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

SWART GILLETTE

1768 SE PORT ST LUCIE BLVD.

PORT ST LUCIE, FL 34952

☐ Change

☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Steven Gillette* 1-28-97 561-337-3865

Date

Daytime Phone #

CR2E034 (9/96)