

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000018855 (4)**

1. Corporation Name
SUN POOLS, INC.



Principal Place of Business

**8507 S TAMiami TR
SARASOTA FL 34238
US**

Mailing Address

**8507 S TAMiami TR
SARASOTA FL 34238
US**

3. Date Incorporated or Qualified 03/01/1994	3a. Date of Last Report 01/18/1995
4. FEI Number 65-0478765	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. 193.032 Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, PATRICK E S
8507 S TAMiami TR
SARASOTA FL 34238**

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 607.0702 and 607.1503, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 607.0703, Florida Statutes.

SIGNATURE: *Patrick E. Brown Sr.* **PATRICK E. BROWN SR.** *President* **1-17-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
2. NAME	☐ DELETE	2.1 NAME	
3. NAME	☐ DELETE	3.1 STREET ADDRESS	
4. NAME	☐ DELETE	4.1 CITY - ST - ZIP	
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97. NAME	☐ DELETE	97.1 TITLE	☐ Change ☐ Addition
98. NAME	☐ DELETE	98.1 NAME	
99. NAME	☐ DELETE	99.1 STREET ADDRESS	
100. NAME	☐ DELETE	100.1 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 primary 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 from an attachment with an address.

SIGNATURE: *Patrick E. Brown Sr.* **PATRICK E. BROWN SR.** *President* **1-17-96** **941-927-3379**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Office Phone #

CR2E034 (12/95)