SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 20 AM 9:52

DOCUMENT # **P94000031672 (6)**

1. Corporation Name

MARIN'S POOL SERVICE, INC.

Principal Place of Business	Mailing Address
3001 ALOMA AVE SUITE 111 WINTER PARK FL 32792	3001 ALOMA AVE SUITE 111 WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/25/1994
3a. Date of Last Report:

2. Principal Place of Business 21:
2a. Mailing Address 26:

Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:

City & State 23:
City & State 28:

Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: 59-3249977 ☐ 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

MARIN, HENRY
3001 ALOMA AVE
SUITE 111
WINTER PARK FL 32792

10. Name and Address of New Registered Agent

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1 1 TITLE		☐ Change ☐ Addition
NAME	MARIN, HENRY	1 2 NAME		
STREET ADDRESS	3001 ALOMA AVE	1 3 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792	1 4 CITY-ST-ZIP		
TITLE		2 1 TITLE		☐ Change ☐ Addition
NAME		2 2 NAME		
STREET ADDRESS		2 3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE		3 1 TITLE		☐ Change ☐ Addition
NAME		3 2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		
CITY-ST-ZIP		3 4 CITY-ST-ZIP		
TITLE		4 1 TITLE		☐ Change ☐ Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CITY-ST-ZIP		
TITLE		5 1 TITLE		☐ Change ☐ Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY-ST-ZIP		5 4 CITY-ST-ZIP		
TITLE		6 1 TITLE		☐ Change ☐ Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY-ST-ZIP		6 4 CITY-ST-ZIP		

CR2E034 (3/95)

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: X _____ 6/15/95 407-677-0084
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000[illegible] CP

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
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PROFIT 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 JUN 20 AM 9:16

DOCUMENT # P94000032160 (1)

1. Corporation Name
CBD OF NW FL, INC.

Principal Place of Business	Mailing Address
25 WALTER MARTIN RD NE FT WALTON BEACH FL 32548	25 WALTER MARTIN RD NE FT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1994
3a. Date of Last Report: First one

2. Principal Place of Business: 21 35000 Emerald Coast Pkwy.
2a. Mailing Address: 26 P.O. Box 30
4. FEI Number: 59-3239195 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
23 City & State: Destin, Florida
28 City & State: Destin, Florida
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
24 Zip: 32541 25 Country
29 Zip: 32540 30 Country: Okaloosa
8. This corporation has activity for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRIMSLEY, JAMES W
25 WALTER MARTIN RD NE
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: Edward H. Seymour
82 Street Address (P.O. Box Number is Not Acceptable): 35000 Emerald Coast Parkway
83
84 City: Destin FL 85 Zip Code: 32541

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: Edward H. Seymour DATE: 6-15-95
Signature of a corporate officer or the registered agent (if title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☐ Change ☒ Addition
NAME	GRIMSLEY, JAMES W	12 NAME	William W. Abbott, Jr.
STREET ADDRESS	25 WALTER MARTIN RD NE	13 STREET ADDRESS	35000 Emerald Coast Parkway
CITY ST ZIP	FT WALTON BEACH FL 32548	14 CITY ST ZIP	Destin, Florida 32541
TITLE		21 TITLE	VP ☐ Change ☒ Addition
NAME		22 NAME	Stephen J. Abbott
STREET ADDRESS		23 STREET ADDRESS	35000 Emerald Coast Parkway
CITY ST ZIP		24 CITY ST ZIP	Destin, Florida 32541
TITLE		31 TITLE	S/T ☐ Change ☒ Addition
NAME		32 NAME	Edward H. Seymour
STREET ADDRESS		33 STREET ADDRESS	35000 Emerald Coast Parkway
CITY ST ZIP		34 CITY ST ZIP	Destin, Florida 32541
TITLE		41 TITLE	D ☐ Change ☒ Addition
NAME		42 NAME	James R. Steiner, Jr.
STREET ADDRESS		43 STREET ADDRESS	35000 Emerald Coast Parkway
CITY ST ZIP		44 CITY ST ZIP	Destin, Florida 32541
TITLE		51 TITLE	D ☐ Change ☒ Addition
NAME		52 NAME	James S. Olin
STREET ADDRESS		53 STREET ADDRESS	35000 Emerald Coast Parkway
CITY ST ZIP		54 CITY ST ZIP	Destin, Florida 32541
TITLE		61 TITLE	D ☐ Change ☒ Addition
NAME		62 NAME	Carmela Bell
STREET ADDRESS		63 STREET ADDRESS	35000 Emerald Coast Parkway
CITY ST ZIP		64 CITY ST ZIP	Destin, Florida 32541

CR2E034 (3/95)

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: Edward H. Seymour Pres/Treas. 6.15.95
SIGNATURE AND TYPED OR PRINTED NAME OF RANKING OFFICER OR DIRECTOR — Date — Daytime Phone #

012/250 CP