

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041418

1. Corporation Name

M & M POOL AND DECK SURFACES, INC.

Principal Place of Business

24017 PRODUCTION CIR.
BONITA SPRINGS FL 33923

Mailing Address

P.O. BOX 1130
ESTERO FL 33928



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1994

4. FEI Number

65-0440964

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☒

\$5.00 May Be
Added to Fees

7. This corporation owes the current year intangible

Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

23

Zip Country

City & State

28

Zip Country

24

Country

25

Country

29

30

9. Name and Address of Current Registered Agent

BROWN, CARY A
24017 PRODUCTION CIR.
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name

William Johnston

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

24017 PRODUCTION Circle

83 **Bonita**

84 **Bonita Springs FL**

85 Zip Code
33923

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	JOHNSON, WILLIAM	
STREET ADDRESS	4043 MOSS LANE	
CITY-ST-ZIP	NAPLES FL 33962	
TITLE	V	☐ DELETE
NAME	BROWN, CARY A	
STREET ADDRESS	6043 TIMBER WOOD CIRCLE, #223	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E034 (1/98)