

FILE NOW: FILING FEE AFTER MAY 15

FILED
Jun 10, 1999 8:00 am
Secretary of State
 06-10-1999 90024 004 ***550.00

DOCUMENT - 1

**PROFIT
 CORPORATION
 ANNUAL REPORT
 1999**

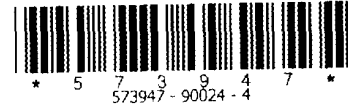


FLORIDA
 K:
 S
 DIVISION

DOCUMENT # P94000045346

1. Corporation Name

ARNOLD POOL AND GARDEN, INC.



Principal Place of Business

Mailing Address

**3461 NE 4TH AVE
 BOCA RATON FL 33431**

**3461 NE 4TH AVE
 BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/13/1994

4. FEI Number

65-0502331

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 owes the current year intangible
 Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNOLD, KENDYL R
 3461 NE 4TH AVE
 BOCA RATON FL 33431**

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 607.1506, 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 typed or printed below of registered agent, and the if applicable.

If 11. Registered Agent signature required when not stating "I AM".

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS BY 12

11.1. NAME ☐ DELETE

11.1. NAME ☐ Change ☐ Addition

11.2. NAME **ARNOLD, KENDYL R**
 11.3. STREET ADDRESS **3461 NE 4TH AVE**
 11.4. CITY-ST-ZIP **BOCA RATON FL 33431**

11.2. NAME
 11.3. STREET ADDRESS
 11.4. CITY-ST-ZIP

11.5. NAME ☐ DELETE

11.5. NAME ☐ Change ☐ Addition

11.6. NAME **ARNOLD, DOUGLAS R**
 11.7. STREET ADDRESS **3461 NE 4TH AVE**
 11.8. CITY-ST-ZIP **BOCA RATON FL 33431**

11.6. NAME
 11.7. STREET ADDRESS
 11.8. CITY-ST-ZIP

11.9. NAME ☐ DELETE

11.9. NAME ☐ Change ☐ Addition

11.10. NAME
 11.11. STREET ADDRESS
 11.12. CITY-ST-ZIP

11.10. NAME
 11.11. STREET ADDRESS
 11.12. CITY-ST-ZIP

11.13. NAME ☐ DELETE

11.13. NAME ☐ Change ☐ Addition

11.14. NAME
 11.15. STREET ADDRESS
 11.16. CITY-ST-ZIP

11.14. NAME
 11.15. STREET ADDRESS
 11.16. CITY-ST-ZIP

11.17. NAME ☐ DELETE

11.17. NAME ☐ Change ☐ Addition

11.18. NAME
 11.19. STREET ADDRESS
 11.20. CITY-ST-ZIP

11.18. NAME
 11.19. STREET ADDRESS
 11.20. CITY-ST-ZIP

11.21. NAME ☐ DELETE

11.21. NAME ☐ Change ☐ Addition

11.22. NAME
 11.23. STREET ADDRESS
 11.24. CITY-ST-ZIP

11.22. NAME
 11.23. STREET ADDRESS
 11.24. CITY-ST-ZIP

11.25. NAME ☐ DELETE

11.25. NAME ☐ Change ☐ Addition

11.26. NAME
 11.27. STREET ADDRESS
 11.28. CITY-ST-ZIP

11.26. NAME
 11.27. STREET ADDRESS
 11.28. CITY-ST-ZIP

11.29. NAME ☐ DELETE

11.29. NAME ☐ Change ☐ Addition

11.30. NAME
 11.31. STREET ADDRESS
 11.32. CITY-ST-ZIP

11.30. NAME
 11.31. STREET ADDRESS
 11.32. 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 **Douglas R. Arnold** 5-12-99 561 395-5710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature of Agent

CR2E034 (11/98)

0338334