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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400052042 (6)

KEITH MAHAFFEY POOLS INC.

Principal	Prace of Business	
	BILTMORE ST LUCIE FL 34984	

Mailing Address

## **FILED** Mar 04 1997 8:00am Secretary of State



1710 SW BILTMORE ST PORT ST LUCIE FL 34984		1710 SW BILTMORE ST PORT ST LUCIE FL 34984-3417									
						3. Date Incorporated or Qualified 07/14/1994	ı	te of Las 23/1996			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For		
21		26			65-0504891	Not Applicable					
Suite, Apt. #, etc.		Suite, Apt #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & State 23	e	City & State	<sub>1</sub>			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees				
Ζιρ <b>24</b>	Country   Z <sub>1</sub> ρ   Country   <b>25</b>   <b>29</b>   <b>30</b>					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
	9. Name and Address of Cur	rent Registered Agent		-	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	gistered /	Agent			
	HAFFEY, KEITH			81	Name						
1710 SW BILTMORE PORT ST LUCIE FL 34984				82	Street A	ddress (P.O. Box Number is Not Acceptable)					
				83							
				84	City		FL	85 Z	ip Code		
agent La SIGNATURE	im familiar with, and accept the ob	oligations of, Section 607.0505	5, Florida Sta (NOTE: Registere	tutes	S	ration's board of directors. I hereby acceptions	DATE				
12.	OFLICERS.	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND				
101gF	MAHAFFEY, KEITH A	[_] DELETE						Chang	ge [_] Additio		
NAME ELIGIT L'AGRICULE	1710 SW BILTMORE ST			IAME TREET	ADDRESS						
STREET ADDRESS CDY+S1+76P	PORT ST LUCIE FL 34984				ST-ZIP						
Tilf	VTS	DELETE		<del>~~~~~</del>	, KI			Chang	je 🔲 Additio		
NAME	MAHAFFEY, CYNTHIA L		221	AME							
STREET ADDRESS	1710 SW BILTMORE ST		2.3 9	TREET	ADDRESS						
Cria-St ZiF	PORT ST LUCIE FL 34984				ST-ZIP			T 0			
TITLE		LJ DELETE			Į			Chang	ge [] Additio		
NAME STREET ADDRESS				IAME TDCC	ADDRESS						
CIN-ST ZIP					SI-ZIP						
1011		DELETE						Chang	ge 🔲 Additio		
NAME:			4. 2	NAME							
STREET ADDRESS.			4.3 5	TREET	ADDRESS						
CHY-S1-7P	,	The second		~	3T-21P	***************************************		FT 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
TULE		DELETE	1					Chang	ge 🔲 Additio		
NAME Charles According				IAME YDDDO	LADDRESS						
STREET ADDRESS OPY ST-ZP					FADDRESS ST-ZIP						
TILLE TILLE		DELETE			A1 - E11			Chang	ge 🔲 Additio		
NAME			1	JAME.				-			
STREET ADDRESS			1		ADDRESS						
SHY- \$1 - 20°			640	aty-S	ST-ZIP						

14. I do hereby certily 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 inclicated 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 have 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