SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 08/09: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

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 30 AM 9:17

DOCUMENT # **P94000058215 (2)**

1. Corporation Name
SUNSET POOLS OF CENTRAL FLORIDA, INC.

Principal Place of Business	Mailing Address
627 DORY LANE ALTAMONTE SPRINGS FL 32714	627 DORY LANE ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/01/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3258207	☐ Applied For ☐ Not Applicable
21 519 TERRACE VIEW COVE	26 519 TERRACE VIEW COVE		
Suite, Apt. #, etc. 22 APT # 3-104	Suite, Apt. #, etc. 27 APT. # 3-104	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 ALTAMONTE SPRINGS, FL.	City & State 28 ALTAMONTE SPRINGS, FL.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 32714 / 25 U.S.	Zip / Country 29 32714 / 30 U.S.	8. This corporation has subsidiary examples (see s. 607.193) Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLANCO, TIMOTHY A 627 DORY LANE ALTAMONTE SPRINGS FL 32714	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, OR DELETIONS	
TITLE	PD	11 TITLE	☑ Change ☐ Addition
NAME	BLANCO, TIMOTHY A	12 NAME	P.D. TIMOTHY A. BLANCO
STREET ADDRESS	627 DORY LANE	13 STREET ADDRESS	519 TERRACE VIEW COVE # 3-104
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	14 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32714
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	PHILLIPS, DAVID A	22 NAME	
STREET ADDRESS	629 DORY LANE, #107	23 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BEATY, ROBERT D	32 NAME	
STREET ADDRESS	1600 CHATHAM CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32703	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing 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 above, or on an attached sheet, with any address.

SIGNATURE: Timothy A. Blanco TIMOTHY A. BLANCO 6-14-95 869-9657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OF