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

PROFIT CORPORATION ANNUAL REPORT

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400060981 (5)

BAREFOOT POOL RENOVATIONS, INC. Principal Place of Business Mading Address 5830 BETH AVE N 5830 86TH AVE N PINELLAS PARK FL 34666 PINELLAS PARK FL 34666 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/15/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3256818 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name DENHARDT, JAMES W 2700 FARST AVE N R2 Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33713 83 84 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. (NOTE: Registered Agent signature required when reinstating) Signature, typical or prioried name of regederest agent and life if applicable DATE OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 🔲 DELETE Change Addition 1.1 TITLE NAME MYERS, JOHN W JR 1.2 NAME 5830 86TH AVE N STREET ADORESS 1.3 STREET ADDRESS PINELLAS PARK FL CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE TITLE **VPST** Change Addition 21 TITLE **Myers, Sherry D** NAME 2.2 NAME **583**0 86TH AVE N STREET ADDRESS 2.3 STREET ADDRESS **PINELLAS PARK FL** CITY-ST-ZIP 2 4 CITY-S1-ZIP DELETE TITLE Change ☐ Addition 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELFTE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETÉ ☐ Change Addition TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CHY-S1-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 suppliemental 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 of the receiver of tustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607 an attachment with an address.

10/10/98 BIZ 530.4W

FILED

Jun 18 1998 8:00am

Secretary of State