Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90071 037 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000066313

1. Corporation Name

BILL KIN	igsley pool service, ii	NC.				İ			
									<b>3</b>
Principal Place	e of Business	Mailing Address					BI41 BB111 GB510 G	*****	
1098 SW 3RD 9	ST	1098 SW 3RD ST							
BOCA RATON FL 33486 BOCA RATON FL 33486									
บร		US				DO NOT WR		SPACE	
						3. Date incorporated or Qualifed 09/06/1994			
2 Princip al Pi	lace of Business	2a. Mailing Address				4. FEI Number		TIA	polied For
· · · ·	lace of Business	26 Visining Address				65-0521164		<b>⊢</b> ———	lot Applicable
Suite, Apt.	# ptc	Suite, Apt. #, etc.							/,dditional
	m, etc.	27				5. Certificate of Status Desired			Required
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Cour	ntrv		8. This corporation owes the cur	rent year Inta		
24	25	29	30	•		Perso ial Property Tax.		Yes	□No
241	9. Name and Address of Curre	_ <del></del> _	1951			10. Name and Address of New	Registered A	Agent	
1/01/0				81 N	ame			-	
	SSLEY, WILLIAM		ŀ	82 5	treet A idr	ess (P.O. Box Number is Not Accep	able)		
	S SW 3RD ST		ļ						
BUU	CA RATON FL 33486	•		83					
,			ļ	84 C	ity			85 Zip	Code
					·		<u> </u>	<u>.                                    </u>	
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607.1508, Florida Statu	tes, the at	bove-na I by the	med corporatio	oration submits this statement for the on's board of directors. I hereby acce	e purpose of one of the purpose of the approximation of the approximatio	changing it itment as r	s registered egistered
			JULITORIZOG				P		- 5
agent. La	m familiar with, and accept the oblig	at ons of, Section 607.0505, FI	orida Statu	utes.					
agent. I a	m familiar with, and accept the oblig	at ons of, Section 607.0505, FI	orida Statu	uies.					
agent. I al	m familiar with, and accept the oblig  Signature, typed or printed name of registered ag	at ons of, Section 607.0505, FI	S: Registered	uies.		d when reinstativig)	DATE		
agent. I all SIGNATURE  12.	m familiar with, and a cept the oblig  Signature, typed or printed name of registered ag  OFFICERS A	at ons of, Section 607.0505, FI ent and little if applicable. (NOT NI) DIRECTORS	E: Registered	Agent sign			DATE		ORS IN 12
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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 or rify 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 13 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: WILLIAM C. KINGE 1 = 7 Ons