FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:35
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070521

1. Corporation Name: Argus Pool & Spa, Inc.

Principal Place of Business / Mailing Address: LOST MY PREPRINTED FORM

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 1814 Abbey Road G107	2a. Mailing Address: 26 same
Suite, Apt. #, etc: 22 G107	Suite, Apt. #, etc: 27 same
City & State: 23 West Palm Beach FL	City & State: 28 same
Zip: 24 33415 Country: 25 ~~FR~~ US	Zip: 29 — Country: 30 —

3. Date Incorporated or Qualified: 9/23/94
3a. Date of Last Report: 10/4/94
4. FEI Number: 65-0533295 (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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent:
RONALD L. GUTSHALL
1814 ABBEY RD G-107
W. PALM BEACH FL 33415

10. Name and Address of New Registered Agent:
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 _____ (Signature, type or printed name of registered agent and title if applicable) (FAX) (Registered Agent signature required when mailing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	President Ronald L. Gutshall 1814 Abbey Road G107 WPB FL 33415	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition 500001493835 -05/24/95--01077--003 ****200.00 ****200.00
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Vice-President Norman E. Argus 1354 E. LIBBY DR. WPB FL 33406	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Treasurer - Annie L. Argus 1354 E. LIBBY Dr. WPB FL 33406	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	Secretary Tanya Gutshall 1814 Abbey Road G107 WPB FL 33415	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: NORMAN E. ARGUS _____ 4/16/95 (407) 966-0904
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (DATE) (DAYTIME PHONE #)