

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000001769 (5)

1. Corporation Name

MARLIN POOLS OF BREVARD, INC.



Principal Place of Business

235 WEST DRIVE  
MELBOURNE FL 32904

Mailing Address

235 WEST DRIVE  
MELBOURNE FL 32904

3. Date Incorporated or Qualified

01/05/1995

3a. Date of Last Report

4. FET Number

59-3287628

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

MORRIS, JOHN F  
235 WEST DRIVE  
MELBOURNE FL 32904

10. Name and Address of New Registered Agent

81. Name

John F. MORRIS

82. Street Address (P.O. Box Number is Not Acceptable)

561 RANIER ST NE

83.

84. City

PALM BAY

FL

85. Zip Code

32909

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

*John F. Morris*

John F. MORRIS

6/3/96

DATE

12. OFFICERS AND DIRECTORS

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | D                  | <input type="checkbox"/> DELETE            |
| NAME           | MORRIS, JOHN F     |  |
| STREET ADDRESS | % 235 WEST DRIVE   |  |
| CITY-ST-ZIP    | MELBOURNE FL 32904 |  |
| TITLE          | D                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | MORRIS, JOSEPH R   |  |
| STREET ADDRESS | % 235 WEST DRIVE   |  |
| CITY-ST-ZIP    | MELBOURNE FL 32904 |  |
| TITLE          | D                  | <input checked="" type="checkbox"/> DELETE |
| NAME           | MORRIS, JAMES F    |  |
| STREET ADDRESS | % 235 WEST DRIVE   |  |
| CITY-ST-ZIP    | MELBOURNE FL 32904 |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          |                    | <input type="checkbox"/> DELETE            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                           |  |
|--------------------|---------------------------|--|
| 1.1 TITLE          | PRESIDENT                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | JOHN F. MORRIS            |  |
| 1.3 STREET ADDRESS | 561 RANIER ST NE          |  |
| 1.4 CITY-ST-ZIP    | PALM BAY, FL 32907        |  |
| 2.1 TITLE          |                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | THOMAS R. MORRIS          |  |
| 2.3 STREET ADDRESS | 962 PEMBROKE ST. NE       |  |
| 2.4 CITY-ST-ZIP    | PALM BAY, FL 32907        |  |
| 3.1 TITLE          | SECRETARY                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | JOSEPH R. MORRIS          |  |
| 3.3 STREET ADDRESS | 541 FIEDLER ST NE         |  |
| 3.4 CITY-ST-ZIP    | PALM BAY, FL 32907        |  |
| 4.1 TITLE          | TREASURER                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME           | GLORIA MORRIS             |  |
| 4.3 STREET ADDRESS | 142 CLAIRBOURNE AVE       |  |
| 4.4 CITY-ST-ZIP    | SATELLITE BEACH, FL 32937 |  |
| 5.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                           |  |
| 5.3 STREET ADDRESS |                           |  |
| 5.4 CITY-ST-ZIP    |                           |  |
| 6.1 TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                           |  |
| 6.3 STREET ADDRESS |                           |  |
| 6.4 CITY-ST-ZIP    |                           |  |

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)(k), 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:

*John F. Morris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-3-96 (407) 725-5005  
Date: Date/Time Phone:

CR2E034 (12/95)