

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 14, 1999 8:00 am  
Secretary of State

04-14-1999 90047 040 \*\*\*150.00

DOCUMENT # P95000007630

1. Corporation Name

GUARANTEED POOL AND SPA, INC.

Principal Place of Business

1127 RIDGEWOOD AVENUE  
HOLLY HILL FL 32117

Mailing Address

1127 RIDGEWOOD AVENUE  
HOLLY HILL FL 32117

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1995

4. FEI Number

1559-3297216

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 1127 Ridgewood Ave.

26 533 N. Nova Road, Suite

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

Holly Hill, Fl.

27 City & State

Ormond Beach, Fl.

23 Zip Country  
32117 Volusia

28 Zip Country  
32174 Volusia

9. Name and Address of Current Registered Agent

CLARK, JOSEPH  
533 N. NOVA ROAD  
SUITE 115  
ORMOND BEACH FL 32174

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> DELETE
NAME	HAIGH, WESLEY C	
STREET ADDRESS	407 N AUBURN DRIVE #1	
CITY-ST-ZIP	DAYTONA FL 32118	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FOX, GEORGE	
STREET ADDRESS	636 VIRGINIA AVENUE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BARCHARD, GRACE	
STREET ADDRESS	750 REED CANAL ROAD #69	
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	135 Highland Ave.
1.4 CITY-ST-ZIP	Ormond Beach, Fl. 32174
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	11 Howard Drive
2.4 CITY-ST-ZIP	Holly Hill, Fl. 32117
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	3054 Brookfair Crescent
3.4 CITY-ST-ZIP	Daytona Beach Shores, Fl. 32118
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

April 9 1999

(904) 255-4466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)