

**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 # P95000008336 (6)**

1. Corporation Name

**INDIAN RIVER POOLS, INC.**



Principal Place of Business

**14700 SOUTHWEST 87 AVENUE  
MIAMI FL 33156**

Mailing Address

**14700 SOUTHWEST 87 AVENUE  
MIAMI FL 33156**

2. Principal Place of Business

2a. Mailing Address

**21 540 CAMELIA LANE**

**26 540 CAMELIA LANE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 VERO BEACH, FL.**

**28 VERO BEACH, FL**

Zip

Country

Zip

Country

**24 32963**

**25 U.S.A.**

**29 32963**

**30 U.S.A.**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**02/01/1995**

3a. Date of Last Report

**NA**

4. FEI Number

**65-0556759**

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

~~AMERILAWYER~~  
**343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

**81 Name DAVID A. MARSHALL**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**540 CAMELIA LANE**  
**83**  
**84 City VERO BEACH FL 85 Zip Code 32963**

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

☐ DELETE

**TITLE P**  
**NAME MARSHALL, DAVID A**  
**STREET ADDRESS 14700 SOUTHWEST 87 AVENUE**  
**CITY - ST - ZIP MIAMI FL 33156**

**TITLE VP**  
**NAME Richard G Jones**  
**STREET ADDRESS 540 CAMELIA LANE**  
**CITY - ST - ZIP VERO BEACH, FL 32963**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP** ☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP** ☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP** ☐ DELETE

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP** ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1.1 TITLE**  
**1.2 NAME**  
**1.3 STREET ADDRESS**  
**1.4 CITY - ST - ZIP**

**2.1 TITLE**  
**2.2 NAME**  
**2.3 STREET ADDRESS**  
**2.4 CITY - ST - ZIP**

**3.1 TITLE**  
**3.2 NAME**  
**3.3 STREET ADDRESS**  
**3.4 CITY - ST - ZIP**

**4.1 TITLE**  
**4.2 NAME**  
**4.3 STREET ADDRESS**  
**4.4 CITY - ST - ZIP**

**5.1 TITLE**  
**5.2 NAME**  
**5.3 STREET ADDRESS**  
**5.4 CITY - ST - ZIP**

**6.1 TITLE**  
**6.2 NAME**  
**6.3 STREET ADDRESS**  
**6.4 CITY - ST - ZIP**

☐ Change ☐ Addition

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)