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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000009463 (7) **DOCUMENT #**

1. Corporation Name CHILD SAFE POOL FENCE COMPANY

Mailing Address Principal Place of Business 5911 JET PORT INDUSTRIAL BLVD 5911 JET PORT INDUSTRIAL BLVD TAMPA FL 33634 TAMPA FL 33634 3. Date Incorporated or Qualified 01/31/1995 Applied For 2a. Mailing Address 26 5832 Corporate Ct B 5832 Corporate Ct. B Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 8. This corporation has liability for intangitive tax under s. 199.032, Florida Statutes Yes \(\bigcap \) No 10. Name and Address of New Registered Agent Name and Address of Current Registered Age 81 Name 5011 JET PORT INDUSTRIAL BLVD- 5832 Corporate Ct. B 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33634** 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registrant Agent says the required when her stated Signature, typed or printed name of registered agreet and title if application ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE 1 1 TILLE TIFLE 1.2 NAME WARNER, ROBERT NAME 5911 JET PORT INDUSTRIAL BLVD 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY - ST - ZIP **TAMPA FL 33634** CITY-ST-2IP Change Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addit:on DELETE 3 1 TiTLE 3.2 NAME NAME 3.3 STREET ADORESS STREET ADDRESS 3.4 C-TY - \$1 - ZIP City - ST - ZiP Addition DELFIE 4 1 10110 TIFLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - S1 - ZiP CITY - ST - 7IP Addition DELETE 5 1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP 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 certify that I am an officer or director of the corporation or the receiver or trustee enipowered 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.

6 1 THLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST-ZIP

Robert A. Warner

DELETE

CR2E034 (12/95)

Add tion