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Mar 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000010499 (8)

1. Corporation Name

TOM ALLISON POOLS, INC.

Principal Place of Business

3931 COELEBS AVE.
BOYNTON BEACH FL 33436

Mailing Address

3931 COELEBS AVE.
BOYNTON BEACH FL 33436-2706

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

g. Name and Address of Current Registered Agent

ALLISON, THOMAS L
3931 COELEBS AVENUE
BOYNTON BEACH FL 33436

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 the filer)

(NOTE: Registered Agent's name is required when making a change)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ALLISON, THOMAS J
STREET ADDRESS 3931 COELEBS AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33436

DELETE

TITLE DV
NAME ALLISON, JO-ANNE
STREET ADDRESS 3931 COELEBS AVE.
CITY-ST-ZIP BOYNTON BEACH FL 33436

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

3. Date Incorporated or Qualified

02/07/1995

3a. Date of Last Report

04/16/1996

4. FEI Number

65-0562315

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

10. Name and Address of New Registered Agent

CR2E034 (9/96)

X 2/2/97