

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
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90073 044 ***150.00

DOCUMENT # P95000010499

1. Corporation Name
TOM ALLISON POOLS, INC.

Principal Place of Business
3931 COLEBS AVE.
BOYNTON BEACH FL 33436

Mailing Address
3931 COLEBS AVE.
BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1995

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 5381 WINCHESTER WOODS DR. (SAME)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
LAKE WORTH, FL

27 City & State

23 Zip 33463 Country USA

28 Zip 33463 Country

9. Name and Address of Current Registered Agent

ALLISON, THOMAS L
3931 COLEBS AVENUE
BOYNTON BEACH FL 33436

10. Name and Address of New Registered Agent

81 Name

ALLISON, THOMAS J

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

5381 WINCHESTER WOODS DR

83

84 City LAKE WORTH

FL

85 Zip Code 33463

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME Allison, Thomas J
1.3 STREET ADDRESS 5381 WINCHESTER WOODS DR
1.4 CITY-ST-ZIP LAKE WORTH, FL 33463

2.1 TITLE DV
2.2 NAME Allison, Jo-Anne
2.3 STREET ADDRESS 5381 WINCHESTER WOODS DR
2.4 CITY-ST-ZIP LAKE WORTH, FL 33463

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99 561 432 0338
Date Daytime Phone #

CR2E034 (11/98)

0344981