PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

P95000011729 (7) DOCUMENT

POOL & PATIO SHOWCASE, INC.

APPROVED

97 AUG 26 PM 3: 59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Principal Place	of Business	Mailing Address 🖁				<i>((((((((((</i>
4225 S. TAMIAMI TRAIL SARASOTA FL 34231		4225 S. TAMIAMI TRAIL SARASOTA FL 34231		1997	SK.	
					3. Date Incorporated or Qualified 02/10/1995	3a. Date of Last Report
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0556890	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				\$8.75 Additional Fee Regulred
City & State		City & State			6. Election Campaign Financing	
23		28				S5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for int	
24	[25]	29	30		Fiorida Statutes 💢 Yes	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	gistered Agent
			B1	Name		
SMITH, VANN A 4225 S. Tamiami trail			82	82 Street Address (P.O. Box Number is Not Acceptable))
			102			,
SARASO)TA FL 34231		83			
			84	City		FI 85 Zip Code
11. Pursuant to	the provision of Sections 607.0502	and 607.1508. Florida Statute	es, the above-par	med corporat	ion submits this statement for the purpo	ose of changing its registered office
or redistere	ed agent, or both, in the State of Florid n, and accept the obligations of, Section	la. Such change was suthorize	ad by the corner	ation's board	of directors. Thereby accept the appoin	ntment as registered agent. I am
	i, and accept the obligations of, Section	on 607.0505, rionda Statutes.	•			
SIGNATURE	•					
SIGNATURE _	Signature, typed or printed hame of registered about a	and tile if anolecable (NO)	TF: Registered Agent si	ignature regulard w	then rejectation	DATE
S	Signature, typed or printed name of registered agent a OFFICERS AND		TE: Registered Agent si	ignature required w		DATE ERS AND DIRECTORS IN 12
12.	Signature, typed or printed rance of registrated agent a OFFICERS AND	DIRECTORS	13.	ignature required w	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
12.	OFFICERS AND		13. 1.1 TITLE	ignature required w	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
12. TITLE NAME	OFFICERS AND D SMITH, VANN A	DIRECTORS	13. 1.1 TITLE 1.2 NAME		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12 79701124020
12. TITLE NAME STREET ADDRESS	OFFICERS AND D SMITH, VANN A 8295 SHADOW PINE WAY	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AD	DDRESS	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D SMITH, VANN A	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-S1-:	DDRESS	ADDITIONS/CHANGES TO OFFIC -08/28, ****27	ERS AND DIRECTORS IN 12 297-01124-020 25.00 ****225.00
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D SMITH, VANN A 8295 SHADOW PINE WAY SARASOTA FL 34238 D	DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY-S1-2.1 TITLE	DDRESS	ADDITIONS/CHANGES TO OFFIC -08/28, ****27	ERS AND DIRECTORS IN 12 297-01124-020 25.00 ****225.00
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND D SMITH, VANN A 8295 SHADOW PINE WAY SARASOTA FL 34238 D SMITH, SHARYL M	D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET AD 1.4 CITY - ST- 2.1 TITLE 2.2 NAME	DDRESS ZIP	ADDITIONS/CHANGES TO OFFICE -08/28/*****27	Properties of the control of the con
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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 certify that tam an officer or director of the comporation 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 14 of changed, or on an attachment with an address.

SHARYL M. SMITH