## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name P95000012117 (4)

POOL TIME SUPPLIES & SERVICE INC.

POOL TIME SUFFLIES & SERVICE						
Principal Place of Business	Mailing Address				** *****	11811 1981 1981
9832 U.S. HIGHWAY 301, SOUTH RIVERVIEW FL 33569	9832 U.S. HIGHWAY RIVERVIEW FL 33569					
			3. Date Incorporated or Qualified 02/10/1995	3a. Date	of Last Re	eport
2. Principal Place of Business	2a. Mailing Address		4. FEI Number			Applied For
21	26		65-0547293		١	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired			Additional Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip Country <b>25</b>	Ζηρ <b>29</b>	Country 30	8. This corporation has liability for Florida Statutes 🔣 Yes	intangible ta	x under s	199.032,
9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F	Registered	Agent	
		81 Name				
BROSSEAU, D. ALAN		82 Street Ad	ddress (P.O. Box Number is Not Acceptat	ο <b>ί</b> ε)		
9832 U.S. HIGHWAY 301, SOUTH				<u>.                                    </u>		
RIVERVIEW FL 33569		83				
		84 City		FL	<b>85</b> Zip	Code
<ol> <li>Pursuant to the provisions of Sections 607 050 or registered agent, or both, in the State of Flor familiar with, and accept the obligations of, Se</li> </ol>	irida. Such change was autho	rized by the corporation's b	poration submits this statement for the pul oard of directors. I hereby accept the app	rpose of cha pointment as	inging its re registered	egistered office agent. Lam
SIGNATURE						
Signature typical or printed trains of registered age	rahapad sate ahas e madele	NUTE. Begistered Agenit signature req	our st who charactering	DAIF		
12. OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	RS IN 12
TITLE P	DELETE	1 1 TITLE	VPZRA D		) Change	Addition 💹
NAME BROSSEAU, DAVID E SR.		1.2 NAME	Douglas A. Brossenn 9832 U.S. 3015			
STREET ADDRESS 9832 U.S. HIGHWAY 301, S	SOUTH	1.3 STHEET ADDRESS		A		
CITY-ST-Z/P RIVERVIEW FL 33569		1.4 C-TY - ST - 7-P	Riverview FL. 33			
THEF	☐ DELETE	2 1 THEF		ι	Change	Addition
NAME ! *		22 NAME				
STREET ADDRESS		2.3 STREET ADDRESS				
CITY-ST-ZIP		2 4 CiTy - ST - ZIP		····	7.0	FT Lines
TITLE	☐ DELETE	3 1 TITLE		ι	Change	Addition
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET ADDRESS				
CITY - ST - ZIP TITLE	☐ DELETE	3.4 CHY - ST - ZIP 4.1 TV LE			Change	Addition
NAME		4 2 NAME		L		E Municipal
STREET ADDRESS						
		4.3 STHEFT ADDRESS				
CITY - ST - ZIP TITLE	DELETE	4.4 CHY-ST ZIP 5.1 THE			Change	Addition
NAME	La secole	5 Z NAME			_ o.w.ige	
STREET ADDRESS		5.3 STREET ADDRESS				
CITY - ST - ZIP						
TITLE	DELETE	5 4 CITY - ST - ZIP 6 1 TIFLE			Change	Addition
NAME		6.2 NAME			94	
STREET AUDRESS		6.3 STREET ADDRESS				
CITY - ST - ZIF						
OH 1 - 31 - 20'		6 4 CiTY - S1 - 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 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. Flor da Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96 671-0517