FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

I am an officer or director of the corporation or the receiver or trustee emporappears in Block 12 or Block 13 if changed, or on an attachment with glock

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

FILED

May 16 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000012345 (1)

MASTER POOL & LAWN SERVICES, INC.

Principal Place of Business Mailing Address 1633 E. VINE STREET 1633 E. VINE STREET KISSIMMEE FL 34744 KISSIMMEE FL 34744-9700 3. Date Incorporated or Qualified 3a. Date of Last Report 02/10/1995 05/01/1996 2a. Mailing Address 4. FEI Number Applied For 2. Principal Place of Business Not Applicable 21 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation has liability for intangible tax under s. 199 032, 25 Yes 🗌 No 29 30 Florida Statutes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Namo SCHWARTZ, JOHN 3501 W VINE ST, 382 Street Address (P.O. Box Number is Not Acceptable) 82 KISSIMMEE FL 34741 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutos, 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 are 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change DELETE 1.11000 TITLE 800NEY, RHONDA NAME 1.2 NAME 1633 VINE STREET SUITE 120 STREET ADDRESS 1,3 STREET ADDRESS Kissimmee-fl.34744 1.4 CITY - \$1 - ZIP CITY-ST-ZIF DELETE ☐ Change ☐ Addition TITLE 2.11016 ROONEY, DAVID 2.2 NAME NAME 1633 E. VINE STREET SUITE 120 2.3 STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34744 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition 3.1 TOLE TITLE 3,2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. C(1Y - ST - Z(P CITY-ST-ZIP DELETE 411011 Change Addition TIT: F NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHY-ST-7IP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 100 F TITLE NAME 6.2 NAME

63 STREET ADDRESS

6.4 CITY - \$1 - ZIP 14. Too 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