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

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #DOCOCOS 1252 1



97 SEP 12 PM 3:00

SECRETARY OF STATE

| GUARDIAN POOL MAINTENANCE, INC.        |  |                                    |                         |  | TALLAHASSEE, FI.ORIDA   |                       |                             |  |
|--|--|------------------------------------|-------------------------|--|---|-----------------------|-----------------------------|--|
|  | e of Business O Taylor Road  | Mailing Address P.O. Box 895       | 58                      |  |   |                       |                             |  |
| Nap                                    | les, FL 34109  | Naples, FL                         | 34101                   |  |   |                       |                             |  |
| -                                      |  | •                                  |                         |  | 3. Date Incorporated or Qualified   | 3a. Date of Last R    | •                           |  |
| A Donata I B                           | No. 2 of Decision  | 2a. Mailing Address                |                         |  | 02/16/95<br>4. FEI Number   | 05/01/96              |                             |  |
| 2. Principal Place of Business         |  | 26                                 |                         |  | 65-0579608  | <del>       </del>    | oplied For<br>of Applicable |  |
| Suite, Apt. #, etc.                    |  | Suite, Apt. #, etc. 27             |                         | 5. Certificate of Status Desired             | <b>□ \$8.75</b>   | Additional equired    |                             |  |
| City & Stat                            | 0  | City & State                       |                         | 6. Election Campaign Financing \$5.00 May Be |   |                       |                             |  |
| 23                                     |  | 28 Country                         |                         | Trust Fund Contribution Added to Fees        |   |                       |                             |  |
| Zip                                    | Country 25   | <u>├</u>                           | Zip Country 30          |  | 8. This corporation has liability for intangible tax under s. 199.032,  Florida Statutes    |                       |                             |  |
| 24                                     | 9. Name and Address of Cur   | 29 rent Registered Agent           | 130                     |  | 10. Name and Address of New Re  |                       |                             |  |
|  |  |                                    | 8                       | 1 Name                                       |   |                       |                             |  |
| Turner, Richard J<br>2635 66th. St. SW |  |                                    | 8:                      | 2 Street Add                                 | Street Address (P.O. Box Number is Not Acceptable)  |                       |                             |  |
| I                                      | Naples, FL 33999   |                                    | 8:                      | .l   |   |                       |                             |  |
|  | • •  |                                    | 84                      | 4 City                                       | ·   | <b>■■ 85</b> Zip      | Code                        |  |
|  |  |                                    |                         |  |   |                       |                             |  |
| l office or a                          | to the provisions of Sections 607.6 registered agent, or both, in the Stam familiar with, and accept the ob- | ate of Florida. Such change wa     | is authorized b         | ov the cornors                               | poration submits this statement for the patients board of directors. I hereby acceptation's | ot the appointment as | registered                  |  |
| SIGNATURE                              | Stgnature typed or printed name of registered  | Larged and late of graphophiles (6 | IO16 Reciplored A       | good programative reco                       | uired when reinstating)   | DATE                  |                             |  |
| 12.                                    |  | AND DIRECTORS                      | 13.                     | Bern a Buarare rede                          | ADDITIONS/CHANGES TO OFFIC  | <del> </del>          | RS IN 12                    |  |
| TITLE                                  | ( P  |                                    | 1.1 TOLE                |  |   | ☐ Change              | Addition                    |  |
| NAME                                   |  |                                    | 1.2 NAME                |  | 2000022945222<br>-09/16/9701059002  |                       |                             |  |
| STREET ADDRESS                         | reet ADDRESS 2735 66th. St. SW   |                                    |                         | ET ADDRESS                                   | ====================================  |                       | 165.00                      |  |
| CITY-ST-ZIP<br>TITLE                   | Naples, FL. 3399   |                                    | 1.4 C(1) -<br>2.1 TITLE |  | यानामानः 1  | Change ☐              | Addition                    |  |
| NAME                                   | _ been   |                                    | 2.1 THE                 |  |   | Containg o            | L Noonion                   |  |
| STREET ADDRESS                         |  |                                    |                         | ET ADDRESS                                   |   |                       |                             |  |
| CITY-ST-ZIP                            |  |                                    | 2. 4 C(1)               | - ST - ZIP                                   |   |                       |                             |  |
| THLE                                   |  | DELETE                             | 3.1 TITLE               |  |   | ☐ Change              | Addition                    |  |
| NAME                                   |  |                                    | 3.2 NAME                |  |   |                       |                             |  |
| STREET ADDRESS                         |  |                                    | 3.3 STREI               | ET ADDRESS                                   |   |                       |                             |  |
| CITY-ST-ZIP                            |  | DELETE                             | 3.4. CITY<br>4.1 TITLE  |  |   | Change                | ☐ Addition                  |  |
| TITLE<br>NAME                          |  | - Mille                            | 4 2 NAM                 |  |   | Change                | ☐ YOUNDI                    |  |
| STREET ADDRESS                         |  |                                    |                         | ET ADDRESS                                   |   |                       |                             |  |
| CITY-ST-ZIP                            |  |                                    | 4.4 CITY                |  |   |                       |                             |  |
| TITLE                                  |  |                                    | 5.1 TITLE               | · · · · · · · · · · · · · · · · · · ·        |   | ☐ Change              | Addition                    |  |
| NAME                                   |  |                                    | 5.2 NAME                |  | _   |                       |                             |  |
| STREET ADDRESS                         |  |                                    | 5 a STREE               | ET ADDRESS                                   | $\Lambda$ . $\Lambda$   | 1/2/97 Change         |                             |  |
| CITY-ST-ZIP                            |  |                                    | 54 CHY-                 | -  | u. $u$  | Luis                  |                             |  |
| TIPLE                                  |  | DELETE                             | 61 TITLE                |  | A   | Change                | Addition                    |  |
| NAME                                   |  |                                    | 6.2 NAME                |  |   | 117 194               |                             |  |
|  |  |                                    |                         | ET ADDRESS                                   | l   |                       |                             |  |
| CITY-ST-ZIP                            | I  |                                    | 64 CITY                 | -S1-ZIP                                      |   |                       |                             |  |

14. I do 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 junual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of nic Quinfire ion 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 of Block 13 is ranged, or on an attachment with an address.

**SIGNATURE:** 

RICHARD TURNER 9-10-97 941-598-1440

2012

James M. Gualario, P.A.

Anchor Court • 820 Anchor Rode Dr. • Naples, FL. 33940 Telephone (941) 263-2224

August 18, 1997

Florida Department of State Division of Corporations Annual Report Section Post Office Box 1500 Tallahassee, Florida 32302-1500

> Re: Guardian Pool Maintenance, Inc. 1997 Annual Report P95000013531

Gentlemen:

I have enclosed herewith, a copy of my letter of August 6, 1997.

In the letter, I <u>mistakenly</u> indicated that my client would not be filing an Annual Report for 1997, and that he wished Guardian Pool Maintenance, Inc. to be <u>dissolved</u>. I have been advised that this is incorrect and that the owner wishes to keep the corporation active.

Accordingly, the owner and president of Guardian Pool Maintenance, Inc. has enclosed herewith, their completed 1997 Annual Report, and a check in the amount of \$165.00, the regular fee. My client realizes that this filing is late, however, he requests that you consider waiving the additional \$385.00 reinstatement fee, since he did not receive the 1997 Annual Report form. Had he received the form, it would have been filed promptly, prior to the deadline, as in the past.

Please call me concerning the above at your earliest opportunity.

Sincerely,

James M. Gualario

JMG/tc Enclosures

cc: Guardian Pool Maintenance, Inc.