

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000018561 (7)

1. Corporation Name

TIMOTHY ARGENTINE POOLS, INC.



Principal Place of Business

816 LINDENWALD AVENUE
ALTAMONTE SPRINGS FL 32701

Mailing Address

816 LINDENWALD AVENUE
ALTAMONTE SPRINGS FL 32701

3. Date Incorporated or Qualified

03/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3304258

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUDGE, RUSSELL
801 DOUGLAS AVENUE
SUITE 107
ALTAMONTE SPRINGS FL 32714

81. Name

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

83

84. City

FL

85. Zip Code

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 the corporation)

(NOTE: Registered Agent's signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE

D

NAME

ARGENTINE, TIMOTHY

STREET ADDRESS

816 LINDENWALD AVENUE

CITY - ST - ZIP

ALTAMONTE SPRINGS FL 32701

☐ DELETE

☐ Change

☐ Addition

TITLE

D

NAME

ARGENTINE, JOHNNA

STREET ADDRESS

816 LINDENWALD AVENUE

CITY - ST - ZIP

ALTAMONTE SPRINGS FL 32701

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

64 CITY - ST - 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Timothy Argentine

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)