## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022654 (4)

DON'S POOL SERVICE, INC.

**FILED** Jul 25 1997 8:00am Secretary of State

Principal Place of Business Mailing Address											
1618 N.W. 35TH PLACE 1618 N.W. 35TH PLACE											
GAINESVILLE	FL 32605	GAINESVILLE FL 32605				DO 11	NT MOUTE		20405		
					-	B. Date Incorporated or C	T WRITE		ite of Last F	Report	
						03/21/1995			/08/,1996	<u>,                                     </u>	
· ·	Place of Business	2a. Mailing Address	Mailing Address			, FEI Number				pplied For	
21		26				59-3320028				ot Applicable	
Sulte, Apt.	· #, etc.	Suite, Apt. #, etc.			5	5. Certificate of Status De	sired	\$8.75 Additional Fee Required			
City & Stat	te	City & State			6	3. Election Campaign Fin	ancing			May Be	
23		28				Trust Fund Contribution				to Fees	
Zip	Country	Zιρ	Country	1	8	3. This corporation owes		_		itangible 	
24	25] g. Name and Address of Curre		<u> </u>			Personal Property Tax  Name and Address o			<del>-</del>		
- DI	JTCH, DONALD A	in Negletoleu Agent	81	Na	ime	U. Hame and Address C	1100 110	<i>y</i> 1818180 1	-your	<del></del>	
	118 N.W. 35TH PLACE										
		82	Str	Street Address (P.O. Box Number is Not Acceptable)							
•	AINESVILLE FL 32605		83	<del> </del>						•	
			84	Cit	y	·		FI	<b>85</b> Zip	Code	
office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State arm familiar with, and accept the oblig Signature, typed or profited name of registered ag				corporation's		bby accep	the app	ointment as	s registered	
12.		ND DIRECTORS	13.		more required with	ADDITIONS/CHANGES	TO OFFIC		DIRECTO	RS IN 12	
TITLE	DP	DELETE	1.1 TITLE						Change	Addition	
NAME	BLITCH, DONALD A		1.2 NAME								
STREET ADDRESS	1618 N.W. 35TH PLACE		1.3 STREE	T ADDRI	ESS						
CITY-ST-ZIP	GAINESVILLE FL 32605		1.4 CITY-5	ST-ZIP							
TITLE	DV	☐ DELETE	2.1 TITLE						☐ Change	Addition	
NAME	BLITCH, DONALD A JR.		2.2 NAME		1						
STREET ADDRESS	% 1618 N.W. 35TH PLACE		2.3 STREE	T ADDRI	ess						
CITY-ST-ZIP	GAINESVILLE FL 32605		2.4 CITY-	ST-ZIP	<u>,                                      </u>						
TITLE	DS	DELETE	3.1 TITLE						Change	Addition	
NAME	BLITCH, MICHAEL I		3.2 NAME								
STREET ADDRESS	% 1618 N.W. 35TH PLACE		3.3 STREE	T ADDRI	.ESS						
CITY-ST-ZIP	GAINESVILLE FL 32605		3.4. CITY-	ST-ZIP	<u>'</u>				<del></del>	<b></b>	
TITLE	DI	☐ DELETE	4.1 TITLE						Change	Addition Addition	
NAME	BUTCH, RANDALL A		4. 2 NAME								
STREET ADDRESS			4.3 STREE		l l						
CITY-ST-ZIP	GAINESVILLE FL 32605	T brieze	4.4 CiTY-	ST-ZIP	-				T 05	A alabata i	
TITLE		☐ DELETE	5.1 TITLE						Change	☐ Addition	
NAME			5.2 NAME								
STREET ADDRESS			5.3 STREE		,						
CITY-ST-ZIP		DELETE	5.4 CiTY-	ST-ZIP	$\overline{}$	,			Change	Addition	
TITLE		☐ DELETE	61 TITLE						TT Cusude	LT MOUNDS	
NAME			6.2 NAME								
STREET ADDRESS			6 3 STREE		!						
CITY-ST-ZIP	by sortify that the information augustic	ad with this filling doos not qualify	64 CiTY-			Section 119 07/3Vi) Flori	ta Statuto	o I furtho	r cortify tha	t the	

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 annual report or 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 efficer 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.

Developed Bloth Day of A. Bloth

7/22/97