

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000023612 (1)

1. Corporation Name

POOL SHOT PRODUCTS, INC.



Principal Place of Business

401 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176

Mailing Address

401 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176

3. Date Incorporated or Qualified  
03/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 45 Dormont Drive

26 P.O. Box 1796

4. FEI Number

59-3303094

Applied For

Not Applicable

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Ormond Beach, FL

28 Ormond Beach, FL

Zip

Country

Zip

Country

24 32176

25 USA

29 32175

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, GREGORY W  
401 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176

81 Name

Graham, Gregory W

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

45 Dormont Drive

83

84 City

Ormond Beach

FL

85 Zip Code  
32176

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 title if applicable.

Gregory W. Graham, Pres.

02-01-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME GRAHAM, GREGORY W  
STREET ADDRESS 401 JOHN ANDERSON DRIVE  
CITY - ST - ZIP ORMOND BEACH FL 32176

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Graham, Gregory W  
1.3 STREET ADDRESS 45 Dormont Drive  
1.4 CITY - ST - ZIP Ormond Beach, FL 32176

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres.

2-1-96

DATE

441-0039  
904-000000

Daytime Phone #

CR2E034 (12/95)