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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P95000024870 (4)

GOLL'S POOLS, INC.

incipal Place of Business

3a. Date of Last Report 3. Date Incorporated or Qualified

10. Name and Address of New Registered Agent

**FILED** 

Mar 13 1997 8:00am

Secretary of State

B2 GULF BREEZE PARKWAY JUF BREEZE FL 32561 3062 GULF BREEZE PARKWAY **GULF BREEZE FL 32561-3246** 03/27/1995 03/29/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3306071 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution Added to Fees Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, X Yes No Florida Statutes 29 30

9. Name and Address of Current Registered Agent GOLL, E. 8062 GU

GOLL, EARL 8062 GULF BREEZE PARKWAY GULF BREEZE FL 32561	81	Name				
	82	Street Address (P.O. Box Number is Not Acceptable)				
	83					
	84	City FL 85 Zip Code				

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 agont, 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.

agon. ra	in identified that, and accept the obligations of, a	1 10000, 1 100	da Opridica.				i
SIGNATURE	Signature, typed or printed name of registered agent and little if a	mileable (NOI)	Registered Agent signature	required when reins to	Chat	DATE	
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	DELFTE	1.1 TITLE			Change	Addition
NAME	GOLL, EARL		1.2 NAME		<b>Y</b>		Ì
STREET ADDRESS	3277 MAPLEWOOD DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	GULF BREEZE FL 32561		1.4 CITY - S1 - ZIP				J
TITLE		DELETE	2.1 TITLE			☐ Change	Addition
NAME			2.2 NAME				ĺ
STREET ADDRESS			23 STREET ADDRESS				
CITY-ST-ZIP			2.4 CITY - ST - ZIP				ļ
TITLE		DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				ļ
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - \$1 - 2IP				
TITLE		DELETÉ	4 1 1ITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADURESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				
TITLE		DELETE	5.1 TOLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - \$1 - 7/P				
TITLE		☐ DELETE	6.1 TOLE			☐ Change	Addition
NAME			6.2 NAME				ļ
STREET ADORESS			6.3 STREET ADDRESS				ļ
CITY-ST-ZIP			6.4 CITY - \$1 - ZIP				ſ

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 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.

GNATURE:

GNATURE:

SIGNATURE:

(904) 932-7902