FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE - CORPORATION Sandra B. Mortnani ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000043261 (3) **DOCUMENT #** YOUNG BROTHERS POOL & MARCITE, INC. Principal Place of Business Maling Address 940 WINGROVE TRAIL 940 WINGROVE TRAIL MAITLAND FL 32751 MAITLAND FL 32751 3. Date Incorporated or Qualified 3a. Date of Last Report 05/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1225 Benntt 26 Not Applicable Suite, Apt. #, etc Suite, Apr. #, etc \$8.75 Additional 5. Certificate of Status Desired 196 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 ongwood 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Sem 25 29 30 Fiorida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name YOUNG, KENNETH Street Address (P.O. Box Number is Not Acceptable) 82 940 WINGROVE TRAIL MAITLAND FL 32751 83 **84** Ory 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 familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered ago in and the it as impattic for olabra 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Addition YOUNG, KENNETH NAME 1.2 NAME 940 WINGROVE TRAIL STREET ADDRESS 1.3 STREET ADDRESS MAITLAND FL 32751 CITY - ST - ZIP 1.4 CITY - ST. ZIP TITLE DELETE 2 1 THILE Change neitibbA [NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 JULE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 C:TY-ST-ZI2 TITLE [] DELETE 4 1 Title Change Add tion NAME 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS CITY-ST-ZIP 4.4 CITY -ST - ZIP TITLE DELFIE 5 1 THLE . Change Addition NAME 5.2 NAME 100001858201 STREET ADDRESS 5.3 STREET ADDRESS -06/11/96--01100--029 CITY-ST-ZIP 5.4 CHY ST-7IP TITLE ***233.75 DELETE 6 1 TPLE Change Addition NAME 6.2 NAMe STREET ADDRESS 6 3 STREET ADDRESS CITY-S1-ZIP 6.4 CHTY - \$1 - 2IF 14. I do hereby certify that the information supplied with this filling 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation or the receiver or trusteel empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE:

SIGNATURE AND TYPED OR ARMITED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96

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