

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000064319 (3)**

1. Corporation Name

CREATIVE POOLS BY LINDELL PRITCHETT, INC.



Principal Place of Business

**3310 MORAVIA STREET
NORTH PORT FL 34287**

Mailing Address

**3310 MORAVIA STREET
NORTH PORT FL 34287**

2. Principal Place of Business

21 **1193 Enterprise Drive**

Suite, Apt. #, etc.

22 **Unit 4-A**

City & State

23 **Port Charlotte, Florida**

Zip

24 **33952**

Country

25 **Charlotte**

2a. Mailing Address

26 **1193 Enterprise Drive**

Suite, Apt. #, etc.

27 **Unit 4-A**

City & State

28 **Port Charlotte, Florida**

Zip

29 **33952**

Country

30 **Charlotte**

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

No Previous Report

4. FEI Number

65-0643628

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

9. Name and Address of Current Registered Agent

**PRITCHETT, LINDELL
3310 MORAVIA STREET
NORTH PORT FL 34287**

10. Name and Address of New Registered Agent

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 filer, if applicable.

Signature, typed or printed name of registered agent and the filer, if applicable.

April 18, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **Lindell Pritchett**
STREET ADDRESS **1193 Enterprise Drive, Unit 4-A**
CITY-ST-ZIP **Port Charlotte, Florida 33953-3800**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

000001829990

05/20/96-01059-040

*****200.00**

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:

Lindell Pritchett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 18, 1996

941-255-3375
Daytime Phone #

CR2E034 (12/95)