## FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Mortha Secretary of Stat

DIVISION OF CORPORTIONS

1996 DOCUMENT #
1. Corporation Name P95000066721 (8)

PALMLAND POOLS, INC.

Principal	Place	of Business	



i	of Business	iness Mailing Address		i cantinde ein einer affer abite abite beite beite beite beite fiber febel fildt fabt	
17413 42ND ROAD NORTH LOXAHATCHEE FL 33470		17413 42ND ROAD NORTH LOXAHATCHEE FL 33470			
			_	3. Date Incorporated or Qualified 08/29/1995	3a. Date of Last Report
2. Principal Plac 21 / 7 4/	3 YaMD RO.N	2a. Mailing Address 26 / 74/3	42 M Rd. N.	4. FEI Number	Applied For Not Applicable
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State  23 -OXA	Hatchee FL	City & State 28	chee, FL	Election Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees
24 334	20 25 PALM BCh	<sup>Zip</sup> 33470	30 MM BCA	8. This corporation has fiability for in Florida Statutes Yes	ntangibo tax under s. 199.032, No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent
			31 Name	KICHARD T /1	INUNE.
343 ALME	Firm of Lawrence J Spiege Fria Avenue Ables Fl 33134	L CHRTD	2 Street Add	ress (P.O. Box Number is Not Accepted 141.3 42 NV P.A.	
CONNE G	ADLEO FL 33134		4 City	oxphatchee	85 Zip Code
11 Pursuant to	the provisions of Sections 607 0502 a	nd 607 1509 Florida Statuta	the aba named corns	ration submits this statement for the purp	FL 33470
or registered	d agent, or both, in the State of Florida	. Such change was authorize	d by the inporation's boa	ard of directors. I hereby accept the appo	pose of changing its registered office introduced introduced introduced agent. I am
ľ	, and accept the abligations of, Section	01		2.	1 /
SIGNATURE	mane	Kichand	1 your	yees.	4/1/96
12.	gnature, typed or printed name of registered agent an OFFICERS AND		E Registere wint signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	PERS AND DIRECTORS IN 12
TITLE	PD	DELETE	111	NOOTHONG OF PROCESS TO OFFI	Change Addition
NAME	WYNNE, RICHARD T		12		CERS AND DIRECTORS IN 12  Change Addition
STREET ADDRESS	17413 42ND ROAD NORTH		1.3   I ADORESS		
City-St-ZiP	LOXAHATCHEE FL 33470				
TITLE	STD	☐ DELETE	1.4 ST-7IP		Change Addition
NAME	WYNNE, LIZA S		22		Change Addition
STREET ADDRESS	17413 42ND ROAD NORTH		2 3 ADDRESS		
CITY-ST-ZIP	LOXAHATCHEE FL 33470				
TRILE	LOWINTONIES LE 20470	DELETE	2 4 ST - ZIP		□ Chango □ Addition
NAME			32		Change Addition
STREET ADDRESS			3.3 1 ADDRESS		
CITY - ST - ZIP TITLE		DELETE	3.4 ! ZIP		Change Addition
NAME		- Office			Change Addition
STREET ADDRESS			4.3 ADDRESS		
C/TY - ST - Z/P TITLE		DELETE	4 4 37 - 7IP		☐ Change ☐ Addition
		Doctor	ا الله		☐ Change ☐ Addition
NAME CERTA ADDRESS			I ADODEDO		
STREET ADDRESS			5.3   ADDRESS		
0.714 07 77			5.9 31- ZIP		
CITY-ST-ZIP		I I DELETE			
TITLE		DELETE	0.		☐ Change ☐ Addition
T:TLE NAME		[ ] DELETE	6:		[] Change [] Addition
TITLE		[ ] DECETE	63 ADDRESS		[] Change [] Addition

appears in Block 12 or Block 13 if changed, or on an attachment with an address

4/1/96 407-753-5740