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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000069891 (6)

PANTHER POOLS, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
20150 HOLLAN			20150 HOLLAND AVE PORT CHARLOTTE FL 33952			
PORT CHARLOTTE FL 33952		TOTAL OF MILESTINE	FORT CHARLOTTE TE 00002			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						09/05/1995
2. Principa! Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number Applied For
21		26				65-0607251 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	<u> </u>			5. Certificate of Status Desired \$8.75 Additional Fee Regulred
22			27 City P. Diete			
Clty & State		City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23	Country		Cou	nto/		
Zip 24	25	29	30	ч		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	9. Name and Address of Curre		[30]			10. Name and Address of New Registered Agent
DAY				81	Name	me
	RAWLES, PAULA F					
20150 HOLLAND AVE PORT CHARLOTTE FL 33952			82 Street Ad			eet Address (P.O. Box Number is Not Acceptable)
PO	HI CHARLOTTE FL 33932		83			
				84	City	FL 85 Zip Code
11 Pursuant t	o the provisions of Sections 607.05	502 and 607, 1508, Florida 5	Statutes, the at		-namec	ned 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 a	agent and title if applicable	(NQ1[: Registered	d Age	nt signatur	ature required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELET	É 1.1 Tí	TLE		Michael W. Urquhart, Jr. SS 25/42 F. Marion AVE Punta Gorda, FL 33950 Change Addition
NAME	HAAS, TAMMY L		1.2 N/	AME		Michael W. URQUIARI, DR.
STREET ADDRESS	AA - TA A A A A A A A A A A A A A A A A		1.3 ST	REE1	ADDRESS	S 25/42 K, THARION AVE
CITY-ST-ZIP	PORT CHARLOTTE FL 3395	j2	1.4 CI	TY-S	r-zip	PUNTA GONDA, FL 33950
TITLE	D	☐ DELET	E 2.1 T)	TLE		Change Addition
NAME	FOLEY, COLLEEN C		2.2 N/	AME		
STREET ADDRESS	20150 HOLLAND AVE		2351	REET	ADDRESS	ss
CITY-ST-ZIP	PORT CHARLOTTE FL 3395			ITY-S	ST - ZIP	
TITLE		☐ DELET	E 3.1 TI	TLE		☐ Change ☐ Addition
NAME			3.2 N/	AME		
STREET ADDRESS			3 3 51	TAEET	ADDRESS	ss
CITY-ST-ZIP				ITY-S	ST-ZIP	
TITLE		☐ DELET	E 41 Ti	TLE		Change Addition
NAME			4 2 N	IAME		
STREET ADDRESS			4.3 \$1	raee1	ADDRESS	ss
CITY-ST-ZIP				TY-S	T-ZIP	
TITLE		DELET	E 51 T/	TLE		☐ Change ☐ Addition
NAME			5.2 N/	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	ess
CITY-ST-ZIP			5.4 CI	ITY-S	T - ZIP	
TITLE		DELET	E 6.1 TI	TLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 \$1	TREET	ADDRESS	iss
CITY-ST-ZIP			6.4 CI	ITY-S	T- ZIP	
14 I hereby o	entity that the information supplied	with this filing does not au-				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.

CR2E034 (10/97