

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000074592 (3)

1. Corporation Name

SWIMMING POOL CONCRETE SERVICE, INC.



Principal Place of Business

5769 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS FL 33418

Mailing Address

5769 GOLDEN EAGLE CIRCLE
PALM BEACH GARDENS FL 33418

3. Date Incorporated or Qualified

09/27/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

10358 Riverside Dr.

27

Suite, Apt. #, etc.

28

St 1
Palm Beach Gardens, FL

29

Zip

33410

30

Country

4. FEI Number

65-0623795

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

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\$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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 title, if applicable

(Typed or printed name of registered agent and title, if applicable)

(Typed or printed name of registered agent and title, if applicable)

12. OFFICERS AND DIRECTORS

TITLE

PSD

☐ DELETE

NAME

MILLER, ROCK

STREET ADDRESS

5769 GOLDEN EAGLE CIRCLE

CITY - ST - ZIP

PALM BEACH GARDENS FL 33418

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