FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000075505 (4)

1. Corporation Name

LEISURE TIME POOL SERVICE, INC.

Principal Place of Business
105 WHITAKER ROAD
LUTZ FL 33549-5686

Mailing Address
~~105 WHITAKER ROAD~~
~~LUTZ FL 33549-5686~~
P.O. Box 292763
Tampa, Fl. 33687

3. Date Incorporated or Qualified: 10/02/1995
3a. Date of Last Report:

2. Principal Place of Business
21 5602 Ashley Oaks Dr.
Suite, Apt. #, etc.
22 # 22
City & State
23 Tampa Fl.
Zip
24 33617
Country
25 Hills.

2a. Mailing Address
26 P.O. Box 292763
Suite, Apt. #, etc.
27
City & State
28 TAMPA Fl.
Zip
29 33687
Country
30 Hills

4. FEI Number: 59-3340784 ☐ 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

MILLIKEN, J. MURRAY
600 49TH STREET NORTH, SUITE D
ST. PETERSBURG FL 33710

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	HAGMAN, ELIZABETH P	
STREET ADDRESS	105 WHITAKER ROAD	
CITY-ST-ZIP	LUTZ FL 33549-5686	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☑ Change ☐ Addition
1.2 NAME	ELIZABETH P. DUCHAINE	
1.3 STREET ADDRESS	18203 Clearlake Dr.	
1.4 CITY-ST-ZIP	Lutz, Fl 33549	
2.1 TITLE	VP	☐ Change ☑ Addition
2.2 NAME	DAVID EDWARD DUCHAINE	
2.3 STREET ADDRESS	5602 ASHLEY OAKS DR UNIT 22	
2.4 CITY-ST-ZIP	TAMPA, Fl 33617 VP	
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	200001829622	
4.4 CITY-ST-ZIP	-05/20/96--01053--012	
5.1 TITLE	***225.00	☐ 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	5-16-96 OR	

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)(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.

SIGNATURE: Elizabeth P. Duchaine Director — 813-988-2911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)