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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P95000076531	(9)
Corporation Name	1 00000070001	(S

	& POOL RESCUE SERVICE	i, INC.				1877 7888 878 878 878 F
Principal Place of Business Mailing Address					n samenmas ira saints Atiti Abbett Ablist Bhill f	LOUIN HOOMA MINDA BANDA DAYUN INDA 1881
6525 SOLITARE PALM WAY APOLLO BEACH FL 33572 6525 SOLITARE PALM WAY APOLLO BEACH FL 33572						
2 Distinct O					10/06/1995	. Date of Last Report
2. Principal P.	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt	#, etc.	Suite. Apt. #, etc.			593287171	Not Applicable
27				5. Certificate of Status Desired	\$8.75 Additional	
City & State	e	Crty & State			6. Election Campaign Financing	Fee Required
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
—, Zip	Country	Ziçi	Country		8. This corporation has liability for intang	
24	25	29	30		Florida Statutes	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Regist	ered Agent
Ann. 1 o			81	Name		
	R, STEPHEN P		82	Street Add	liess (P.O. Box Number is Not Acceptable)	
	DLITARE PALM WAY					
APOLLO	BEACH FL 33572		83			
			84	City		85 Zip Code
11. Pursuant I	to the provisions of Sections 607 0502	www.607.1609. Florida Crat.				<u> </u>
or register	ed agent, or both, in the State of Florid	ano oo i 1506, rionga Statut ia. Such change was authori.	ies, trie above n zed by trie corpo	amed corpoi oration's boa	ration submits this statement for the purpose and of directors. I hereby accept the appointment	of changing its registered office
	th, and accept the obligations of, Section	on 607.0505, Florida Statutes	s.		in the second se	and as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registerud agent a	and Mendiagnal day	The Registered Agent	Established T		
12.	OFFICE'RS AND		13.	Software technic	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 19
TITLE	P	DELFTE	1 1 TITLE		The state of the s	Change Addition
NAME	SPELLER, STEPHEN P		1.2 NAME			
STREET ADDRESS	6525 SOLITARE PALM WAY		13 STHEET	ADDRESS		ļ
CITY - ST-ZIP	APOLLO BEACH FL 33572		1.4 C(TY - ST	:- Z:P		
TITLE	V	DELETE	2 1 T*TLE			Change Addition
NAME	SPELLER, TINA T		2.2 NAME			
STREET ADDRESS	6525 SOLITARE PALM WAY		2.3 S*REET /	ADDRESS		
CITY - ST - ZIP	APOLLO BEACH FL 33572		2 4 CITY - ST	ZiP		
TITLE	S S	□ DEFELE	3 1 TITLE			Change Addition
NAME CIRCLI ADDOLOG	SPELLER, FALLON		3.2 NAME			
STREET ADDRESS	6525 SOLITARE PALM WAY		33 STREET	ADDRESS		
CITY - ST - ZIP TITLE	APOLLO BEACH FL 33572	DELETE -	34 CHY SI	- 710		
NAME	SPELLER, CHASE		4 1 TITLE			Change Addition
STREET ADDRESS	6525 SOLITARE PALM WAY		4.2 NAME			
CITY-ST-ZIP	APOLLO BEACH FL 33572		4.3 STREET A			
TITLE	0110 00/01/11 000/2	DELETE	4 4 CITY-ST 5 1 TITLE	· 21P		Change D 447
NAME		<u></u>	5.2 NAME			Change Addition
STREET ADDRESS			5 3 STREET A	noress.		
CITY-ST-ZIP			5 4 CITY - S1 -	- 1		!
TITLE		☐ DELETE	6 1 717.6			Change Addition
NAME			6.2 NAME			ondigo nutrition:
STREET ADDRESS			63 STREET A	DORESS		
CITY-ST-ZIP			6.4 CiTY - ST -	1		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 13 if changed, or on an attachment with an address.

SIGNATURE: Signature and typed on Printing NAME OF SIGNING OFFICER OF SPELLER 4-22-96.

Guidance of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name of the corporation of the corporation of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name of the corporation of the co