

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90101 039 ***150.00

DOCUMENT # P95000077502

1. Corporation Name

AMBIANCE POOL SERVICE, INC.

Principal Place of Business

**228 N.E. 3RD STREET
CRYSTAL RIVER FL 34428**

Mailing Address

**P.O. BOX 519
CRYSTAL RIVER FL 34423-0519**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1995

4. FEI Number

59-3336784

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 5712 S. Suncoast Blvd.

2a. Mailing Address

Suite, Apt. #, etc.

City & State

23 Homosassa, FL

City & State

28

Zip Country

24 34446

Zip Country

29

30

9. Name and Address of Current Registered Agent

**IRIZARRY, LENORAH
228 N.E. 3RD ST.
CRYSTAL RIVER FL 34428**

10. Name and Address of New Registered Agent

81 Name

Irizarry, Lenorah

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

2060 N. W. 18th Street

83

84 City

Crystal River

FL

85 Zip Code

34428

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

Lenorah Irizarry

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/5/99

DATE

12.

OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **IRIZARRY, MARCIAL**
STREET ADDRESS **228 NE 3RD ST, P O BOX 519**
CITY-ST-ZIP **CRYSTAL RIVER FL 19**

TITLE **ST** ☐ DELETE

NAME **IRIZARRY, LENORAH R**
STREET ADDRESS **228 NE 3RD ST, P O BOX 519**
CITY-ST-ZIP **CRYSTAL RIVER FL 19**

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **2060 N. W. 18th Street**
1.4 CITY-ST-ZIP **Crystal River, FL 34428**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS **2060 N. W. 18th Street**
2.4 CITY-ST-ZIP **Crystal River, FL 34428**

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
4.4 CITY-ST-ZIP

5.1 TITLE ☐ 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

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Lenorah Irizarry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/5/99

Daytime Phone #

352-863-0033

CR2E034 (1/98)

0487159