

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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000002309 1. Corporation Name Melbourne Pool Service Inc			
Principal Place of Business 6055 N. Wickham Rd Suite 110 Melbourne FL 32940		Mailing Address	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 3 JAN 96	3a. Date of Last Report N/A
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3354285	Applied For ☐ Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	
9. Name and Address of Current Registered Agent Philip A. Runtfeldt 4290 Barnsdale Dr Melbourne FL 32935		10. Name and Address of New Registered Agent 81. Name John A. RACIN Esquire 82. Street Address (P.O. Box Number is Not Acceptable) 109 W New Haven Ave 83. 407-951-9690 84. City Melbourne FL 85. Zip Code 32901	
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. change sent separately SIGNATURE: _____ DATE: _____ (NOTE: Registered Agent signature required when reappointing)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	☐ DELETE	1.1 TITLE Vice President - Special	☐ Change ☒ Addition
NAME Philip A. Runtfeldt		1.2 NAME Paul Martineau	
STREET ADDRESS 4290 Barnsdale Dr		1.3 STREET ADDRESS 822 Oak Dr	
CITY, ST, ZIP Melbourne FL 32935		1.4 CITY-ST-ZIP Palm Bay FL 32905	
TITLE ☐ DELETE		2.1 TITLE ☐ Change ☐ Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY-ST-ZIP	
TITLE ☐ DELETE		3.1 TITLE ☐ Change ☐ Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY-ST-ZIP	
TITLE ☐ DELETE		4.1 TITLE ☐ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY-ST-ZIP	
TITLE ☐ DELETE		5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY-ST-ZIP	
TITLE ☐ DELETE		6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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. SIGNATURE: [Signature] President 1 MAY 97 4072550174 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)