

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

FILED

Apr 24 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 # P96000012426 (8)

1. Corporation Name  
CLASS - A POOLS & SPAS, INC.



Principal Place of Business  
PO BOX 350814  
PALM COAST FL 32137

Mailing Address  
PO BOX 350814  
PALM COAST FL 32135-0814

3. Date Incorporated or Qualified  
02/06/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

4. FEI Number  
59-3360125

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

10. Name and Address of New Registered Agent

CONNER, TIMOTHY J  
1 FLORIDA PARK DR.  
SUITE 110  
PALM COAST FL 32137

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMARAL, ANTHONY JR.	
STREET ADDRESS	PO BOX 350814	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMARAL, ANTHONY SR.	
STREET ADDRESS	PO BOX 350814	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	AMARAL, MARIA	
STREET ADDRESS	PO BOX 350814	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	AMARAL, ANTONIO JR.	
1.3 STREET ADDRESS	PO BOX 350814	
1.4 CITY-ST-ZIP	PALM COAST FL 32135	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	AMARAL, ANTONIO	
2.3 STREET ADDRESS	2 CENTER PL.	
2.4 CITY-ST-ZIP	PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	AMARAL, MARIA	
3.3 STREET ADDRESS	2 CENTER PL.	
3.4 CITY-ST-ZIP	PALM COAST, FL 32137	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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, changed, or on an attachment with an address.

SIGNATURE: *Antonio Amaral Jr.* 4-16-97 904 446-3335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)