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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000029054 (9)

BOB BINNIX POOLS, INC.

Principal Place of Business

406 S W 75 AVE 406 S W 75 AVE NO LAUDERDALE FL 33068 NO LAUDERDALE FL 33088-1343 3. Date Incorporated or Qualified 3a. Date of Last Report 04/03/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0659891 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution 28 Country Country This corporation has liability for intangible tax under s. 199.032, 25 30 Florida Statutes Yes No 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name BINNIX, ROBERT K 406 S W 75 AVE 82 Street Address (P.O. Box Number is Not Acceptable) **NO LAUDERDALE FL 33068** 83 84 City Zip Code 85 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. Fam familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. Signature, typind or printild name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. X Addition DELETE ☐ Change TIFLE 1.1 TITLE NAME 1.2 NAME ROBERT K. BINNIX 1.3 STREET ADDRESS STREET ADDRESS 406 S.W. 75 AVENUE CITY-ST ZIF 1.4 CITY-ST-2IP NORTH LAUDERDALE, FL 33068 DELETE Change Addition THLE 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS City-SI-7IP 2. 4 CITY - ST - ZIP DELETE ☐ Change ... ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME SUBJET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 0117 - 51 - 71P DELETE Change Addition 4.1 TITLE THILE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS

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 argual 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 one 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 inchanged, or if an attachment with an address.

4.4 CITY-ST-ZIP

54 City-St-ZIP

6.3 STREET ADORESS 6.4 CITY-\$T-2IP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

61 TITLE

62 NAME

SIGNATURE:

CHY-ST ZIF

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZiF

THE

TILE

NAME

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTO

DELETE

DELETE

4-15-97 954

Change

Change

Addition

☐ Addition

FILED

Apr 28 1997 8:00am

Secretary of State