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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000031456

FILED Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90023 016 ***150.00

BLUE T	HUMB POOL CLEANING, IN	IC. 1. N	, * . *		,			1			
Principal Plac	o of Rusiness	Mailin	g Address					IBRIL ARIUS DRIVAD	11111 11011 1100	I BIHR BIH HAN	
Principal Place of Business Mailing Address 1800 SECOND ST #855 PO BOX 2704						}					
SARASOTA FL 34236 SRARSOTA FL 34230									* * 1 ,		
US						Ĺ	DO NOT WR	ITE IN THIS	SPACE		
							Date Incorporated or Qualifed 04/10/1996	1			
2. Principal F	Place of Business	2a. Ma	ailing Address				FEI Number		Ar	plied For	
21	•	26				. {	65-0664783		No	t Applicable	8
Suite, Apt.	. #, etc.	27 Su	iite, Apt. #, etc.			5.	Certifcate of Status Desired		\$8.75 Fee Re	Additional equired	1
City & Sta	te	Ci	ty & State			6.	Election Campaign Financing		\$5.00	May Be	
23	· · · · · · · · · · · · · · · · · · ·	28					Trust Fund Contribution			to Fees	
Zip	Country	Zir	o ,		ıntry	8 .	This corporation owes the cur	rent year Int	angible		
24	25	29		30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren	nt Registere	ed Agent		041 1	10.	Name and Address of New	Registered	Agent		
KIN	G. CLIFFORD M	الم الهرية الصدرة ال	1 1 3 14 4 ³	٠	81 Name						
	G, CLIFFORD M D SECOND ST #855	ic.			82 Street Add	dress (P	O. Box Number is Not Accept	table)			
SAR	ASOTA FL 34236		-		83		125. RECALL	40 CP (3.16)		F	
					84 City				(E.S. (E) #188	50 Q 4 1 1 1 4 1 1	
waste in State Life		2000 2000			84 City			FL	85 Zip (Code	
11. Pursuant office or i	to the provisions of Sections 607.050; registered agent, or both, in the State am familiar with, and accept the obligat	02 and 607.1 of Florida. S	1508, Florida Statu Such change was ction 607 0505, Fl	utes, the a authorized	bove-named cor by the corporat	rporation tion's bo	submits this statement for the pard of directors. I hereby acce	purpose of pt the appoin	changing its ntment as re	registered gistered	
-5		,									
SIGNATURE											
	Signature, typed or printed name of registered agen		licable. (NOT		Agent signature requir	$\overline{}$		DATE			6
12.	Signature, typed or printed name of registered agen OFFICERS AN		ficable. (NOT	13.	Agent signature requir		ADDITIONS/CHANGES TO OF				1/98)
12.	Signature, typed or printed name of registered agen OFFICERS AN		licable. (NOT	13.	Agent signature requir				ID DIRECTO	DRS IN 12	(11/98)
12. TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE		ficable. (NOT	1.1 TI 1.2 N	Agent signature requir		ADDITIONS/CHANGES TO OF				034 (11/98)
12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO BOX 2704		ficable. (NOT	13. 1.1 TI 1.2 N/ 1.3 ST	Agent signature requir		ADDITIONS/CHANGES TO OF				2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE		ors DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI	Agent signature requir TLE AME REET ADDRESS TY-ST-ZIP		ADDITIONS/CHANGES TO OF		☐ Change	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO BOX 2704		ficable. (NOT	13. 11.111 12.N/ 13.51 1.4 Cl	Agent signature requir TLE AME TREET ADDRESS TY-ST-ZIP TLE		ADDITIONS/CHANGES TO OF				CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO BOX 2704		ors DELETE	13. 1.1 TI 12 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/	Agent signature requir TLE AME TREET ADDRESS TY-ST-ZIP TLE AME		ADDITIONS/CHANGES TO OF		☐ Change	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO BOX 2704		ors DELETE	13. 1.1 TT 12 N/ 1.3 ST 1.4 CI 2.1 TT 2.2 N/ 2.3 ST	Agent signature requir TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS		ADDITIONS/CHANGES TO OF		☐ Change	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO BOX 2704		Alcable. (NOT) ORS DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CI	TLE AME TREET ADDRESS TTY-ST-ZIP TREET ADDRESS TREET ADDRESS TREET ADDRESS		ADDITIONS/CHANGES TO OF		☐ Change	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO BOX 2704		ors DELETE	13. 1.1 TI 1.2 N/ 1.3 ST 1.4 CI 2.1 TI 2.2 N/ 2.3 ST 2.4 CI 3.1 TI	TLE AME IREET ADDRESS TY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP IREET ADDRESS ITY-ST-ZIP		ADDITIONS/CHANGES TO OF		☐ Change	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO BOX 2704 SARASOTA FL 34230		Alcable. (NOT) ORS DELETE	13. 1.1 TT 1.2 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV	Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS		ADDITIONS/CHANGES TO OF		☐ Change	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO BOX 2704 SARASOTA FL 34230		Alcable. (NOT) ORS DELETE	13. 1.1 TT 1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 CC 3.1 TT 3.2 NV 3.3 S1	Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS		ADDITIONS/CHANGES TO OF		☐ Change	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO BOX 2704 SARASOTA FL 34230		DELETE	13. 1.1 TT 12 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 CC 3.1 TT 3.2 NV 3.3 S1 3.4 CC	Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TREET ADDRESS		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO BOX 2704 SARASOTA FL 34230	ID DIRECT(DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 CC 4.1 TT	Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE TLE TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS		ADDITIONS/CHANGES TO OF		☐ Change	☐ Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO 80X 2704 SARASOTA FL 34230	D DIRECTO	DELETE DELETE DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 .CC 4.1 TT 4.2 NV	Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO 80X 2704 SARASOTA FL 34230	D DIRECTO	DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 . CC 4.1 TT 4.2 N 4.3 ST	Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO 80X 2704 SARASOTA FL 34230	D DIRECTO	DELETE DELETE DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 . CC 4.1 TT 4.2 N 4.3 ST	Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO 80X 2704 SARASOTA FL 34230	D DIRECTO	DELETE DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 CC 4.1 TT 4.2 NV 4.3 ST 4.4 CC	Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TTY-ST-ZIP TLE		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change	Addition Addition Addition	CR2E034 (11/98)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO 80X 2704 SARASOTA FL 34230	D DIRECTO	DELETE DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 .CC 4.1 TT 4.2 N 4.3 ST 4.4 CF 5.1 TT 5.2 NV	Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE TREET ADDRESS TTY-ST-ZIP TLE		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition Addition	CR2E034 (11)98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO BOX 2704 SARASOTA FL 34230	D DIRECTO	DELETE DELETE	13. 1.1TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 . CC 4.1 TT 4.2 N 4.3 ST 4.4 CF 5.1 TT 5.2 NA 5.3 ST	Agent signature requir TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO 80X 2704 SARASOTA FL 34230	D DIRECTO	DELETE DELETE	13. 1.1TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 . CC 4.1 TT 4.2 N 4.3 ST 4.4 CF 5.1 TT 5.2 NA 5.3 ST	Agent signature requir TLE AME TREET ADDRESS TTY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TREET ADDRESS TY-ST-ZIP		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition Addition	CR2E034 (11/98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO 80X 2704 SARASOTA FL 34230	D DIRECTO	DELETE DELETE DELETE	13. 1.1 TT 12 NV 1.3 ST 1.4 CI 2.1 TT 2.2 NV 2.3 ST 2.4 CC 3.1 TT 3.2 NV 3.3 ST 3.4 CC 4.1 TT 4.2 N 4.3 ST 4.4 CF 5.1 TT 5.2 NV 5.3 ST 5.4 CC 5.1 TT 5.2 NV 5.3 ST 5.4 CC	Agent signature requir TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	CR2E034 (11)98)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	Signature, typed or printed name of registered agen OFFICERS AN PD MANACH, JEANNIE PO 80X 2704 SARASOTA FL 34230	D DIRECTO	DELETE DELETE DELETE	13. 1.1TT 12 NJ 1.3 ST 1.4 CI 2.1 TT 2.2 NJ 2.3 ST 2.4 CC 3.1 TT 3.2 NJ 3.3 ST 3.4 CC 4.1 TT 4.2 NJ 4.3 ST 4.4 CF 5.1 TT 5.2 NA 5.3 ST 5.4 CF 6.1 TT 6.2 NA	Agent signature requir TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE		ADDITIONS/CHANGES TO OF	FICERS AN	☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	CR2E034 (11)98)

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 changed; or on an attachment with an address, with all other like empowered.

SIGNATURE: