**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

**DOCUMENT #** 1. Corporation Name V. J. BANKS AQUATICS INC P.O.BOX 365 BALM, FlA. 33503

Principal Place of Business

Mailing Address

15138 MC bRADY RD.

P.O. BOX 365 BALM FIA.

BALM FIA. DO NOT WRITE IN THIS SPACE Date Incorporated or Qualifed 33103 APRIL 10,1496 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3374969 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation owes the current year Intangible Zipi Personal Property Tax. □No 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name

TERRENCE F. PYLE 701 DELWEBB BIVO SUN CITY, FIA. 33573

82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City				85	Zip Code

May 17, 1999 8:00 am Secretary of State

05-17-1999 90085 015 \*\*\*150.00

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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change ☐ Addition PEESIDENT ☐ DELETE 1,1 TITLE TITLE CIEVE W. BANKS 1.2 NAME NAME 15138 MCGRAOGRO 1.3 STREET ADDRESS STREET ADDRESS BALM FIA. 33503 VICE-PRESIDENT CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Addition Change 2.1 TITLE TITLE VINA JEAN BANKS 2.2 NAME NAME 15220 MC GRADY RD 2.3 STREET ADDRESS STREET ADDRESS BALM, FIA. 33503 SECRETARY AUBREY W. BANKS II 15220 MC GRADY RR 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS BALM FIA. 23103 TREASURER 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 41 TITLE TITLE YEATHER L. BANKS NAME 4, 2 NAME 15138 MIGRADY RA 4.3 STREET ADDRESS STREET ADORES 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 suppliemental 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.

ITED NAME OF SIGNING OFFICER OR DIRECTOR