PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000035986

DUNEDIN POOL SERVICE, INC.

| Prine | cipa: | Plac | e of | Busin | ess |
|-------|-------|------|------|-------|-----|
| | | | | | |

Mailing Address

1271 SAN CHRISTOPHER DRIVE

1271 SAN CHRISTOPHER DRIVE

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90029 025 ***150.00



| DUNEDIN FL 34 | 698 | DUNEDIN FL 34698 🛫 | | | DO NOT WRITE IN THIS SPACE | | | | |
|-------------------------------------|--|---|--|---|---|-----------------------------|------------------------|--|--|
| | | | | | 3. Date Incorporated or Qualifed 04/25/1996 | | 1 | | |
| 2. Principal Place of Business | | 2a. Mailing Address 26 Suite, Apt. #, etc. | | 4. FEI Number 59-3378410 | | oplied For ot Applicable | | | |
| Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired Fee Required. | | | | |
| City & State | | City & State | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 Added | | | |
| Zip 24 | Country 25 | Zip 29 30 | Country | , | This corporation owes the current year Intan Personal Property Tax. | igible X Yes | □No | | |
| <u></u> 1 | 9. Name and Address of Current | Registered Agent | <u>' </u> | | 10. Name and Address of New Registered Ag | jent | | | |
| | | | 81 | Name | | | | | |
| | CH, CHAD C SAN CHRISTOPHER DRIVE | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| DUNEDIN FL 34698 | | | 83 | | | | | | |
| | | | 84 | City | s to the restablish | 85 , Zip i | Code, 4 (| | |
| 11. Pursuant office or reagent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation. | and 607.1508, Florida Statutes, Florida. Such change was authors of, Section 607.0505, Florida | the abov orized by Statutes | e-named corp the corporations. | oration submits this statement for the purpose of ct on's board of directors. I hereby accept the appoint | anging its nent as re | registered gistered | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE: Rec | gistered Age | nt signature require | d when reinstating) DATE | | | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND | DIRECTO | ORS IN 12 | | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | | Change | ☐ Addition | | |
| NAME | WELCH, CHAD C | • | 1.2 NAME | | | | | | |
| STREET ADDRESS | 1271 SAN CHRISTOPHER DRIVE | | 1.3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | DUNEDIN FL 34698. | _ | 1.4 CITY-S | T-ZIP | | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | Change | ☐ Addition | | |
| NAME | WELCH, COLE C | | 2.2 NAME | 1 | | | | | |
| STREET ADDRESS | -1271-SAN: CHRISTOPHER: DRIVE | <u></u> | 2.3 STREE | TÂDDRESS 🗀 🗂 | يونونگ (موناد) چوپر پريتيوانيم (موناد) الاستان بريتي بيان بيان در ايان يا ايان يا ايان يا ايان يا ايان يا ايان موناد | .Ts ~ | | | |
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| TITLE | | ☐ DELETE | 5.1 TITLE 5.2 NAME | 1 | | | | | |
| NAME | | | | TADDRESS | | | | | |
| STREET ADDRESS | | | | | • | | | | |
| CITY-ST-ZIP | | DELETE | 5.4 CITY- 5 6.1 TITLE | 31-ZIP | · | ☐ Change | Addition | | |
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| NAME | | | | T ADDRESS | • | | ļ | | |
| STREET ADDRESS | | | | | | | | | |
| CITY OF 71D | | | 6.4 CITY - S |) - ZIP | | | 1 | | |

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, with all other like empowered.