. SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

SIGNATURE

**PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthani ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS 970CT -2 M1 8:31 DOCUMENT # P96000047399 (6) RESORT POOL SERVICES, INC. Principal Place of Business Mailing Address 7131 GRAN NATIONAL DRIVE STE 105 7131 GRAN NATIONAL DRIVE STE 105 ORLANDO FL 32619 ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 05/29/1996 2. Principal Piace of Business 2a. Mailing Address Applied For B.O. Box 617517 21 7131 Grand National Dr. Not Applicable 59-3390559 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Suite 105 City & State Fee Required City & State \$5.00 May Be 8. Election Campaign Financing <sup>23</sup>Qrlando, FL Orlando <u> 32861-75</u> Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible | 25| USA | 29| 32861 9. Name and Address of Current Registered Agent 25 USA 29 Personal Property Tax due June 30. ☐ Yes 30 **USA** 10. Name and Address of New Registered Agent Name CRAIG, ROGER E 7131 GRAN NATIONAL DRIVE STE 105 82 Street Address (P.O. Box Number is Not Acceptable) ORLÁNDO FL 32819 83 84 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 100.6 Change Addition TITLE President NAME 1.2 NAME Roger E. Craig 2000023**1429**2--8 -10/07/97--01077--027 STREET ADDRESS 1.3 STREET ADDRESS 4525 Hazelgrove Drive CITY - ST - ZIP 1.4 CITY - ST - ZIP \*\*\*\*550.00 \*\*\*\*550, Of Addition Orlando, FL 32818 DELETE TITLE 21 TITLE NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. City - SI - ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - ZIP DELETE TITLE Change Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP DELETE TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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