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FILED
Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000055720 (2)

1. Corporation Name

OCEANIA POOL & SPA SUPPLIES, INC.

Principal Place of Business

1015-B S FLORIDA AVE
ROCKLEDGE FL 32955

Mailing Address

1015-B S FLORIDA AVE
ROCKLEDGE FL 32955-2143

3. Date Incorporated or Qualified

06/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 1135 N. Courtenay Parkway

2a. Mailing Address

26 SAME

4. FEI Number

59-3396289

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 Merritt Island, FL

City & State

27

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24 32953

Country

25 BREVARD

Zip

28

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HENDREN, JACK D
1015-B S FLORIDA AVE
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

JOHN E. JOHNSON, V

82 Street Address (P.O. Box Number is Not Acceptable)

1135 N. Courtenay Parkway

83

84 City

Merritt Island,

FL

85 Zip Code

32953

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 JOHN E. JOHNSON, V

Signature, typed or printed name of registered agent and title, if applicable

(Not E. Registered Agent signature required when reinstating)

DATE

04/01/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
D	HENDREN, JACK D	1015-B S FLORIDA AVE	ROCKLEDGE FL 32955	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
D/P/S/T	JOHNSON, JOHN E., V	1135 N. Courtenay Parkway	Merritt Island, FL 32953	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN V. JOHNSON, V

Date

04/01/97

Daytime Phone #

0106391

CR2E034 (9/96)