

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 27 1997 8:00am
Secretary of State

DOCUMENT # **P96000056035 (4)**

1. Corporation Name:

DIAMOND POOL PRODUCTS, INC.



Principal Place of Business

**1663 TECHNOLOGY AVE
ALACHUA FL 32615**

Mailing Address

**1663 TECHNOLOGY AVE
ALACHUA FL 32615-9499**

3. Date Incorporated or Qualified

07/01/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3213623

Applied For

59 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

**HOLT, TERESA M
RT 1, BOX 268-B
HAWTHORNE FL 32640**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

(Signature typed in plain name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME COX, JOHN D
STREET ADDRESS 3416 SE 29TH BLVD
CITY - ST - ZIP GAINESVILLE FL 32641

TITLE ☒ DELETE

D
NAME SCHNEIDER, RICHARD T
STREET ADDRESS 12903 NW 112TH AVE
CITY - ST - ZIP ALACHUA FL 32615

TITLE ☒ DELETE

D
NAME STONE, DAMON K
STREET ADDRESS 7257 NW 4TH BLVD, SUITE 251
CITY - ST - ZIP GAINESVILLE FL 32607

TITLE ☐ DELETE

D
NAME HOLT, TERESA M
STREET ADDRESS RT 1 BOX 268-B
CITY - ST - ZIP HAWTHORNE, FL 32640

TITLE ☐ DELETE

D
NAME HOLT, TERESA M
STREET ADDRESS RT 1 BOX 268-B
CITY - ST - ZIP HAWTHORNE, FL 32640

TITLE ☐ DELETE

D
NAME HOLT, TERESA M
STREET ADDRESS RT 1 BOX 268-B
CITY - ST - ZIP HAWTHORNE, FL 32640

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

VPDS
12 NAME COX, JOHN D
13 STREET ADDRESS 3416 SE 29TH BLVD
14 CITY - ST - ZIP GAINESVILLE, FL 32641

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☐ Change ☒ Addition

PT
42 NAME HOLT, TERESA M
43 STREET ADDRESS RT 1 BOX 268-B
44 CITY - ST - ZIP HAWTHORNE, FL 32640

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Teresa M. Holt

Teresa M. Holt President

2/20/97

(904)462 2708

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)