03-05-1999 90079 044 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000061676**

Corporation KENNY F	POOLS, INC.								
Principal Place of Business Mailing Address							, 19911991 119 1979 9777		
95 HIGHLAND AVENUE 95 HIGHLAND AVENUE									
LARGO FL 34640 LARGO FL 34640							DO NOT WRITE IN THIS	SPACE	
						-	Date Incorporated or Qualifed	3FACE	
							07/22/1996		
2. Principal Pl	lace of Business	2a. Mailing Address					FEI Number	Ap	plied For
21		26				<u> </u>	59-3393425		t Applicable
Suite, Apt.	#, etc —-·	Suite, Apt. #, etc.			-	5.	Certificate of Status Desired	\$8.75 A	
22		27				<u> </u>		Fee Re	
City & State	9	City & State	& State			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 Added t	
Zip	Country 25	Zip 29 3	Countr	y		8.	This corporation owes the current year In Personal Property Tax.	tangible Yes	□No
	9. Name and Address of Curre		2 1			10.	Name and Address of New Registered	Agent	
			81	1	Name				
LUECK, KENNETH W				, -	Street Addre	see /D	P.O. Box Number is Not Acceptable)		
95 HIGHLAND AVENUE			82	۱	Stieet Addie	233 (F	.O. Box Number is Not Acceptable)		
LARGO FL 34640			83	3					
			84	4	City			85 Zip (Code
office or a	egistered agent, or both, in the State m familiar with, and accept the obligations of the obligation of the state of the obligation of the	e of Florida. Such change was aut ations of, Section 607.0505, Florid	thorized by da Statute	yth S.	e corporation	n's bo	n submits this statement for the purpose of pard of directors. I hereby accept the appo	ntment as re	gistered
12.		ND DIRECTORS	13.			- 7	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 12
TITLE	DP DELETE 1.1						,	Change	☐ Addition
NAME	LUECK, KENNETH W			1.2 NAME					
STREET ADDRESS	95 HIGHLAND AVENUE		1.3 STREE	ET AL	DDRESS		•		•
CITY-ST-ZIP	LARGO FL 34640	<u>-</u>	1.4 CITY-ST-ZIP						
TITLE	DST DELETE			2.1 TITLE				Change	☐ Addition
NAME	MAIER, LEWIS		2.2 NAME	:]
STREET ADDRESS			- 2.3 STREE	2.3 STREET ADDRESS					
CITY-ST-ZIP				2. 4 CITY-ST-ZIP					
TITLE		☐ DELETE	3.1 TITLE				•	Change	☐ Addition
NAME			3.2 NAME						ţ
STREET ADDRESS			3.3 STRE	ET A	DDRESS .				
CITY-ST-ZIP			3.4. CITY-		ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TITLE				•	☐ Change	
NAME			4. 2 NAME						-
STREET ADDRESS			4.3 STREI						٠.
CITY-ST-ZIP		☐ DELETE	4.4 CITY-		ZIP			Change	Addition (
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME						
NAME			5.3 STREE		DDRESS		•		
STREET ADDRESS			5.4 CITY-				•		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE					☐ Change	Addition
TITLE		C Deterie	62 NAME						

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 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

58506H