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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066574 (0) FAMILY POOL CLEANERS, INC. Mailing Address Principal Place of Business 1748 BELLEAIR ROAD 1748 BELLEAIR ROAD CLEARWATER FL 34616 CLEARWATER FL 34616-2444 3. Date Incorporated or Qualified 3a. Date of Last Report 08/07/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Added to Fees 28 Trust Fund Contribution Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KOLBA, JEFFREY 1748 BELLEAIR ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34616** 83 84 City 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 or printed name of registered agent and title if applicable (NOTE: flogistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 13. DELFTE Change Addition TITLE NAME 1.2 NAME STREET ADDRESS 1.8 STREET ADDRESS 1.4 C(1) - S1 - Z(F CITY-ST-ZIF 2.1 TITLE ☐ Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.8 STREET ADDRESS CITY-ST-ZIP 2 4 C/TY - ST - Z/P Change DELETE Addition TITLE 3.1 TILLE NAME 3 2 NAM6 STREET ADDRESS 3.8 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP TITLE DELETE 4.1 TILLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.8 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - \$1 - Z(P) DELETE Change Addition TITLE 5.1 TITLE NAME 5 2 NAME 5.8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 C(1Y - S1 - Z(P DELETE Change Addition TATLE 6.1 TILLE NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information simplied 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 profess is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the conferation or the receiver or inside 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 appear with an address.