

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066977

1. Corporation Name

MANATEE POOL & SPA CONSTRUCTION, INC.

Principal Place of Business

659 108TH AVE NORTH
NAPLES FL 34108

Mailing Address

659 108TH AVE NORTH
NAPLES FL 34108

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1996

4. FEI Number

65-0635237

Applied For

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAIELLO, THOMAS MICHAEL
659 108TH AVE NORTH
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name DAIELLO, THOMAS MICHAEL
82 Street Address (P.O. Box Number is Not Acceptable)
659 108TH AVE NORTH
83
84 City NAPLES FL 85 Zip Code 34108

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: *X Thomas Michael Daillo*

Signature, typed or printed name of registered agent; no title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

TITLE P
NAME DAIELLO, THOMAS MICHAEL
STREET ADDRESS 659 108TH AVE N
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME DAIELLO, THOMAS MICHAEL
1.3 STREET ADDRESS 659 108TH AVENUE NORTH
1.4 CITY-ST-ZIP NAPLES, FL 34108

2.1 TITLE VP ☐ Change ☒ Addition
2.2 NAME FREIDLINE, KEITH E
2.3 STREET ADDRESS 15 ROYAL COVE DRIVE
2.4 CITY-ST-ZIP NAPLES, FL 34110

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 a power of attorney.

SIGNATURE: *X Thomas Michael Daillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 (941) 598-5257

CR2E034 (1/98)