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

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PROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
98 OCT 21 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000068326

1. Corporation Name

JIMMY'S POOL CONSTRUCTION, INC

Principal Place of Business / Mailing Address

~~Pinellas County~~ 210 Lee St

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Pinellas county	26 210 Lee st.
22 Suite, Apt #, etc. 210 Lee st.	27 Suite, Apt. #, etc.
23 City & State Oldsmar Fl	28 City & State Oldsmar Fl
24 Zip 34677 / 25 Country	29 Zip 34677 / 30 Country

3. Date Incorporated or Qualified: ~~N/A~~ 1996

4. FEI Number: 59-3395044 — ☐ 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Jimmys Pool Const Inc.
210 Lee St. Oldsmar Fl 34677

10. Name and Address of New Registered Agent

81 Name: Doris Lappert
82 Street Address (P.O. Box Number Is Not Acceptable): 210 Lee St
83
84 City: Oldsmar FL 85 Zip Code: 34677

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] * Doris Lappert — DATE 10-2-98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	James Lappert		1.2 NAME	000002676000--9
STREET ADDRESS	210 Lee St.		1.3 STREET ADDRESS	-10/29/98--01086--004
CITY-ST-ZIP	Oldsmar FL 34677		1.4 CITY-ST-ZIP	****150.00 ****150.00
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☑ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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.

SIGNATURE: [signature] — 8-2-98 — 813-410-5396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)

TO whom it may concern.

I'm writing this letter to Inform you that I have not yet receive my Information for Incorporation renewal it came to my mind so I'm sending this check.

Thank you

James S. Lappert III Pres Jumpstalcat Inc