

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 11 1997 8:00am
Secretary of State

DOCUMENT # P96000086146 (3)
1. Corporation Name
TERRY FUTRELL POOL SUPPLY, INC.



Principal Place of Business
4061 WEST FIRST STREET
SANFORD FL 32771

Mailing Address
4061 WEST FIRST STREET
SANFORD FL 32771

3. Date Incorporated or Qualified
10/18/1996

3a. Date of Last Report

4. FEI Number
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
SALFI, DOMINICK J ESQ
DOMINICK J SALFI, PA
1051 WINDERLEY PLACE, STE 206
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FUTRELL, TERRY	
STREET ADDRESS	4061 WEST FIRST STREET	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUTRELL, DINA	
STREET ADDRESS	4061 WEST FIRST STREET	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

200002083632
-02/11/97--01043--038
***165.00

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: [Signature] SIGNATURE REQUIRED

1-8-97 407-323-4228

CR2E034 (9/96)



STATE OF FLORIDA
DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

L. H. Fuchs
Executive Director

September 26, 1996

General Tax Administration
Child Support Enforcement
Property Tax Administration
Administrative Services

TERRY FUTRELL POOL SUPPLY
PO BOX 471117
LAKE MONROE, FL 32747-1117

Dear Dealer:

You have been registered with the Department of Revenue at the ORLANDO TAX OFFICE Service Center. The following certificate number has been issued to your business:

69-00-060521-99/7

**To assure proper handling of account, please use this
number when contacting the Department of Revenue.**

Based on your application, the first return is due 11/01/96 for the month of 1096, and considered delinquent after 11/20/96.

Three DR-15CS return forms are provided in this package to report sales tax for the first three periods. The actual certificate and coupon book will be mailed from Tallahassee in two to four weeks.

If you have any questions about your responsibilities as a dealer/taxpayer, we are here to help you. Please call the Department of Revenue Taxpayer Service Center in your area for further assistance.

The Department of Revenue also offers FREE workshops on how to correctly prepare a sales tax return. Filing requirements and proper completion of returns will be discussed. You will also have the opportunity to ask questions related to your particular business. Please refer to the attached notice for the time, date, and location of the next scheduled class for this area.

Individual seminars for organizations or large business are available upon request.

Sincerely,

ORLANDO TAX OFFICE
5420 DIPLOMAT CIRCLE
ORLANDO, FL 32810
TELEPHONE NO. (407)623-1141