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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000092383 (4)

INNOVATIVE POOL SERVICE, INC.

TARPON SPRINGS FL 34689

Principal Place of Business Mailing Address 3134 LAKE PINE WAY 3134 LAKE PINE WAY SUITE H-1 DO NOT WRITE IN THIS SPACE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 3. Date Incorporated or Qualified 11/07/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 36181 EAST LAKE ROL 21 356 59-3415812 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional \Box #<u>]</u>[67 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Palm Harbon, 28 Trust Fund Contribution Added to Fees 23 Żφ Country Country 8. This corporation owes or has paid the current year Intangible 34685 05 ☐ Yes □Ño 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ₿1 Name COLE, KIMBERLEY W C.P.A. 7605 ABBEY LANE 62 Street Address (P.O. Box Number is Not Acceptable) SUITE C 83 **TAMPA FL 33617** 84 City Zip Code 85 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, typod or printed name of registered agent and tille diapplicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 11711E CORKUM, RAYMOND 1 2 NAME NAME 3134 LAKE PINE WAY, SUITE H-1 1.3 STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME CORKUM, STACI 2.2 NAME 3134 LAKE PINE WAY, SUITE H-1 STREET ADDRESS 2.3 STREET ADDRESS

2. 4 CITY - ST - ZIP

3.3 STREET ADDRESS 3.4 CITY - ST - ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

DELETE

DELETE

DELETE

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 changing or on an attachment with an address.

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

Smci C. Corkum

3-1-98

813.942.3576

Change

Change

☐ Change

Addition

Addition

Addition

FILED

Mar 10 1998 8:00am

Secretary of State