

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

FILED

Jul 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000001101 (9)

1. Corporation Name

JIM LAWLESS POOL PRODUCTS, INC.

Principal Place of Business

1605 N. KINGSWAY RD  
SEFFNER FL 33584

Mailing Address

1605 N. KINGSWAY RD  
SEFFNER FL 33584



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/06/1997

4. FEI Number

59-3422050

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

LAWLESS, JAMES J SR  
1605 N. KINGSWAY RD  
SEFFNER FL 33584

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

10. Name and Address of New Registered Agent

81 Name

William A. Whitcomb

82 Street Address (P.O. Box Number is Not Acceptable)

1605 Kingsway Rd

83

84 City

Seffner

FL

85 Zip Code

33584

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  
NAME LAWLESS, JAMES J SR  
STREET ADDRESS 4801 SUNSET BLVD.  
CITY-ST-ZIP TAMPA FL 33629

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME William Whitcomb  
1.3 STREET ADDRESS 2417 Washington Rd.  
1.4 CITY-ST-ZIP Valrico, FL 33594

☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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.