

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90011 018 ***550.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # P97000005089

1. Corporation Name

COLBURY POOL SERVICES, INC.

59626Z - 90011 - Y8



Principal Place of Business

**4719 N WILLIAMS AVE
CRYSTAL RIVER FL 34428
US**

Mailing Address

**4719 N. WILLIAMS AVE
CRYSTAL RIVER FL 34428
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1997

4. FEI Number

59-3419231

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. ☐ Yes ☒ No

2. Principal Place of Business

21 3503 N BRAVO DR

Suite, Apt. #, etc.

22 BEVERLY HILLS

City & State

23 FL. 34465

Zip

24 34465

Country

25 U.S.A.

2a. Mailing Address

26 3503 N BRAVO DR

Suite, Apt. #, etc.

27 BEVERLY HILLS

City & State

28 FLORIDA

Zip

29 34465

Country

30 USA

9. Name and Address of Current Registered Agent

**GILES, ALAN
11 SANDERS CT WEST
HOMOSASSA FL 34446**

10. Name and Address of New Registered Agent

81 Name

ALAN GILES

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

3503 N BRAVO DR

83

84 City

BEVERLY HILLS

FL

85 Zip Code

34465

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 **PS** ☐ DELETE

NAME **GILES, ALAN**
STREET ADDRESS **11 SANDERS CT**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **T** ☐ DELETE

NAME **GILES, CAROLE**
STREET ADDRESS **11 SANDERS CT**
CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **VP** ☐ DELETE

NAME **ALLIS, ANTHONY**
STREET ADDRESS **6000 N SUMMER LANE PT**
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **3503 N BRAVO DR**
1.4 CITY-ST-ZIP **BEVERLY HILLS FL. 34465**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **3503 N. BRAVO DR.**
2.4 CITY-ST-ZIP **BEVERLY HILLS FL. 34465**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **ELLIS ANTONY**
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE:

US NOTARIAL REQUIRED

Date

Daytime Phone #

7.16.99. 352 527.8886

CR2E034 (5/99)