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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000012063 (8)

CERTIFIED POOLS, INC.

Principal Place of Business

6025 CAPITAL DR GULF BREEZE FL 32561

Mailing Address

6025 CAPITAL DR GULF BREEZE FL 32561

FILED Jan 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1997

9 Delevate - 15	V	1 - 1.0				
→ `	Principal Place of Business 2a. Mailing Address				4. FEI Number Applied For	
21 26		26			59,-3430960 Not Applicable	
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22					5. Certificate of Status Desired Fee Required	
City & State City & State					6. Election Campalgn Financing \$5.00 May Be	
23 28					Trust Fund Contribution Added to Fees	
Zip	Country Zip Co		Country		8. This corporation owes or has paid the current year Intangible	
24 25 29 30			10		Personal Property Tax due June 30. X Yes No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
WENDEL, JAY				Name		
6025 CAPITAL DR			00	00 Company		
GULF BREEZE FL 32561			82	82 Street Address (P.O. Box Number is Not Acceptable)		
			83	83		
			84	City	FL 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						
Signalure, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE		Change Addition	
NAME	WENDEL, JAY		1.2 NAME	l	· • —	
STREET ADDRESS	6025 CAPITAL DR		1.3 STREET A	INDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		1.4 CITY-ST		,	
TITLE	ST	DELETE	2.1 TITLE	- 211	Change Addition	
NAME	WENDEL, GAYLE		2.2 NAME		Change Additions	
STREET ADDRESS	6025 CAPITAL DR	i				
1	GULF BREEZE FL 32561		2.3 STREET A			
CITY-ST-ZIP	GOLL BILLEZE I E OZOOT	Locust	2. 4 C/TY - ST			
TITLE		☐ DELETE	3.1 TITLE	VP		
NAME			3.2 NAME	_ M/	ARK BEELER 130 MAPLEWOOD OR.	
STREET ADDRESS			3.3 STREET A	DDRESS 3	30 MAPLEWOOD OK.	
CITY-ST-ZIP			3.4. CITY-ST	-ZIP 60	LF BREEZE FL 32561	
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET A	DORESS		
CITY-ST-ZIP			4.4 CITY-ST-	·		
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS				nnares		
			5.3 STREET A	- 1		
CITY - ST - ZIP TITLE		DELETE	5.4 CITY-ST-	ZIP		
		☐ sereie	6.1 TITLE		Change Addition	
NAME			6.2 NAME		•	
STREET ADDRESS			6.3 STREET A		į	
CITY-ST-ZIP			6.4 CITY-ST-	ZIP		
14. Thereby o	ertify that the information supplied with	this filing does not qualify for the	ne exemptio	on stated in S	ection 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:

ISSO REQUIRED

1-8-98

850-916-9233