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FILED
Apr 29 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 # P97000049596 (4)

1. Corporation Name

POOL DECK DESIGNS, INC.



Principal Place of Business

8147 STATE ROAD 52
HUDSON FL 34667

Mailing Address

8147 STATE ROAD 52
HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/05/1997

2. Principal Place of Business

21 3605 Richboro Dr.

Suite, Apt. #, etc.

22

City & State

23 Holiday, FL

Zip

24 34691

Country

25 U.S.A.

2a. Mailing Address

26 3605 Richboro Dr.

Suite, Apt. #, etc.

27

City & State

28 Holiday, FL

Zip

29 34691

Country

30 U.S.A.

4. FEI Number

59-3497669

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

9. Name and Address of Current Registered Agent

DILORIO, CLEMENTE
8147 STATE ROAD 52
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name

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

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

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 PRESIDENT ☒ DELETE

NAME MICHAEL BIRREN

STREET ADDRESS 9434 Treestop Ln.

CITY-ST-ZIP Hudson, FL 34667

TITLE VICE President / Treasury / Secretary ☒ DELETE

NAME Barbara DiIorio

STREET ADDRESS 8147 S.R. 52

CITY-ST-ZIP Hudson, FL 34667

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 President ☒ Change ☐ Addition

1.2 NAME Raymond C. Hall III

1.3 STREET ADDRESS 3605 Richboro Dr.

1.4 CITY-ST-ZIP Holiday, FL 34691

2.1 TITLE VICE President / Treasury / Secretary ☒ Change ☐ Addition

2.2 NAME Tanya K. Birren

2.3 STREET ADDRESS 3605 Richboro Dr.

2.4 CITY-ST-ZIP Holiday, FL 34691

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

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.

CR2E034 (10/97)