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 # P97000050766 (9)

CLEAR VIEW POOL SERVICE INC.

Mailing Address Principal Place of Business 14783 63RD WAT 100 CLEARWATER FL - 24620 33760 14783 63RD WAY NORTH CLEARWATER FL 84680-DO NOT WRITE IN THIS SPACE OOLEE3. Date Incorporated or Qualified 06/06/1997 2, Principal Place of Business Applied For 2a. Mailing Address 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6, Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zin Zio Country 8. This corporation owes or has paid the current year Intangible 30 Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **DUFFETT, THEODORE** 14783 63RD WAY NORTH 82 Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34820** 83 City 84 Zip Code Pursuant to the previsions 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. (NO16 Registered Agent algorature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10997 OFFICERS AND DIRECTORS 12. 13. TITLE DELETE ☐ Change ☐ Addition NAME 1.2 NAME STREET ADDRESS 13 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition Change TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP ☐ Addition TITLE DELETE 61 TITLE Change

2. 4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

3.4. CITY-ST-ZIP

3 1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

DELETE

DELETE

64 CITY-S1-7IP

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 trustate employered 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.

6.3 STREET ADDRESS

6.2 NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

NAME

NAME

STREET ADDRESS

Theodor Affect Affecting OFFICER OR DIRECT

813-524-6814

Change

Change

☐ Addition

Addition

FILED

Feb 16 1998 8:00am

Secretary of State