

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90003 026 ***150.00

DOCUMENT # P97000050992 ✓

1. Corporation Name

T.C. POOL SERVICE, INC.

Principal Place of Business

767 NW 104TH AVE
BLDG 17 APT 203
PEMBROKE PINES, FL 33026

Mailing Address

767 NW 104TH AVE
BLDG 17 APT 203
PEMBROKE PINES, FL 33026

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/97

4. FEI Number

65-0760344

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 Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 13010 NW 1ST STREET

2a. Mailing Address

26 13010 NW 1ST STREET

Suite, Apt. #, etc.

22 APT 111

Suite, Apt. #, etc.

27 APT 111

City & State

23 PEMBROKE PINES, FL

City & State

28 PEMBROKE PINES, FL

Zip

Country

24 33028

25 BROWARD

Zip

Country

29 33028

30 BROWARD

9. Name and Address of Current Registered Agent

RICHARD WISLICENY
767 NW 104TH AVE
BLDG 17 APT 203
PEMBROKE PINES, FL 33026

10. Name and Address of New Registered Agent

81 Name

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

13010 NW 1ST STREET

83

APT. 111

84 City

PEMBROKE PINES

FL

85

Zip Code
33028

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

7/20/97

12. OFFICERS AND DIRECTORS

TITLE DPS ☐ DELETE
NAME RICHARD WISLICENY
STREET ADDRESS 767 NW 104TH AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE DVT ☐ DELETE
NAME CECELIA WISLICENY
STREET ADDRESS 767 NW 104TH AVE
CITY-ST-ZIP PEMBROKE PINES, FL 33026

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 13010 NW 1ST STREET, APT 111
1.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 13010 NW 1ST STREET APT 111
2.4 CITY-ST-ZIP PEMBROKE PINES, FL 33028

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)