## 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 # P97000052759 (2)

GULFSTREAM POOL BUILDERS, INC.

## FILED May 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address							1 1001/1001 fin initi innit Ratit betit betit batot dikit tinit 16601 Ditin fott 1001	
4618 FRE	MONT STREET		4618	FREMONT STREET	ī			
JACKSONVILLE FL 32210				JACKSONVILLE FL 32210				DO NOT WORK IN THIS SOLOT
							DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
								06/13/1997
2. Principal Place of Business 2a, Mailing Address					_			4, FE! Number Applied For
21				26				59-345411/ Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				\$9.75 Additional
22		27	27				5. Certificate of Status Desired Fee Required	
City & S	State	Cil	Cily & State				6. Election Campaign Financing \$5.00 May Be	
23		28					Trust Fund Contribution Added to Fees	
Zip	ļ	Country Zip				untry	1	8. This corporation owes or has paid the current year Intangible
24		25	29		30	_		Personal Property Tax due June 30. Yes No MA
Name and Address of Current Registered Agent							Name	10. Name and Address of New Registered Agent
	BASFORD, MK					81	INATHE	
	24 N MARKET	4			82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	JACK <b>SO</b> NVILL				83			
						03		
						84	City	FL 85 Zip Code
ed Durous	ant to the provisi	one of Sections CO7 C	CO2 and 607 1	608 Florida Statu	toe the a	L	named core	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation								tion's board of directors. I hereby accept the appointment as registered
agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE Signature typed or printed name of regressed agent and two if approaches (NOTE Registered Agent signature required when reinstating)  DATE								
12.			ND DIRECTO		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		·····	DELETE	1.1 7:	TLE		☐ Change ☐ Addition
NAME	YANCEY	, Kenneth e Jr			1.2 N	AME		
STREET ADDRE		emont street			1.3 \$	TREET	ADDRESS	
CITY-ST-ZIP	JACKSO	NVILLE FL 32210			1.4 C	ITY-S	17- ZIP	
TITLE				☐ DELETE	2.1 T	ITLE		Change Addition
NAME					22 N	AME		
STREET ADDRE	ESS				235	TAEET	ADDRESS	
CITY-ST-ZIP		2. 4 CiTY-SI-ZiP						
TITLE				☐ DELETE	3.1 Ti			☐ Change ☐ Addition
NAME	}				3.2 N		}	
STREET ADDRE	ESS						ADDRESS	
CITY-ST-ZIP	<del></del>			DECETE			S1-ZIP	The state of the s
TITLE				☐ DELETE	4.1 T			☐ Change ☐ Addition
NAME					4.21			
STREET ADDRE	SS						ADDRESS	
CITY-ST-ZIP	<del></del>			DELET <b>E</b>			ST-ZIP	Change Addition
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CITY-ST-ZIP TITLE	<del></del>			☐ DELET <b>E</b>	5.4 C 6.1 T		ST- ZIP	☐ Change ☐ Addition
NAME				Jeene	6.2 N			Change C Nothin
							ADDRESS	
STREET ADDRE	:00						ADDRESS	
CITY-ST-ZIP		<del></del>			6.4 C	11 Y - S	57-ZIP	0 5 440 07/0/20 50 11 00 11 11 11 11 11 11 11 11

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.

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