

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

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90118 038 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000053895**

1. Corporation Name  
**TRANQUILLITY POOLS, INC.**

Principal Place of Business  
**1141 SHADOW RUN DRIVE  
LAKELAND FL 33813**

Mailing Address  
**1141 SHADOW RUN DRIVE  
LAKELAND FL 33813**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/18/1997**

4. FEI Number  
**59-3453214**

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUSINESS FILINGS, INCORPORATED  
1186 OCEAN SHORE BLVD SUITE 195  
ORMOND BEACH FL 32176**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **RD HERNANDEZ, HUBERT A**  
STREET ADDRESS **1608 PARK DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33803**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **Sec. O'CONNOR, JANE**  
STREET ADDRESS **1141 SHADOW RUN DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33813**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **SECRETARY O'CONNOR, JANE**  
2.3 STREET ADDRESS **1141 SHADOW RUN DR.**  
2.4 CITY-ST-ZIP **LAKELAND, FL - 33813**

TITLE ☐ DELETE  
NAME **PRESIDENT O'CONNOR, DENNIS**  
STREET ADDRESS **1141 SHADOW RUN DRIVE**  
CITY-ST-ZIP **LAKELAND FL 33813**

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME **PRESIDENT O'CONNOR, DENNIS**  
3.3 STREET ADDRESS **1141 SHADOW RUN DR.**  
3.4 CITY-ST-ZIP **LAKELAND, FL - 33813**

TITLE ☐ DELETE  
NAME **T O'CONNOR, EMILY**  
STREET ADDRESS **115 HILLCREST ST**  
CITY-ST-ZIP **LAKELAND FL 33801**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME **NAPLES, STEVE**  
STREET ADDRESS **2321 EAST MEADOW CT.**  
CITY-ST-ZIP **LAKELAND, FL 33813**

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **VICE-PRESIDENT NAPLES, STEVE**  
5.3 STREET ADDRESS **2321 EAST MEADOW CT.**  
5.4 CITY-ST-ZIP **LAKELAND, FL - 33813**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 #

**4-17-99 941-701-0635**

CR2E034 (11/98)