PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT

DOCUMENT # P9700061530								
POOL S	ervice plus, inc.							. PAH 1341
Principal Place	e of Business	Ma	ailing Address				-{	I 8810 4581
3500 JULIA TERRACE 14949 TAMIAMI TRL								
NORTH PORT FL 34286 #138 NORTH PORT FL 34287						DO NOT WRITE IN THIS SPACE		
		NU	HIM PUHI PL 34207			•	3. Date Incorporated or Qualifed	
							07/16/1997	
2. Principal P	lace of Business	2a.	Za. Mailing Address				4, FE! Number Applie	
21		26					000:0:00	oplicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	
22		27	City & State		_	·	6 Floring Compaign Figureign	
			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees.	
23 Zip	·			Country			8. This corporation owes the current year Intangible	
24	25	29	30				Personal Property Tax.	No
	9. Name and Address of Currer	t Regis	tered Agent		4.1		10. Name and Address of New Registered Agent	
WAN	COORED STEVEN				81	Name	·	
VAN GORDER, STEVEN 3500 JULIA TERRACE				82 Street Addre		Street Addr	ess (P.O. Box Number is Not Acceptable)	
NORTH PORT FL 34287					83			
1101	11111 0111 12 01207				اسا			
					84	City	Fi a5 Zip Cod	B
11 Purguant	In the provisions of Sections 607 050	2 and 6	07.1508. Florida Statutes, 1	the al	DOVe	-named corp	oration submits this statement for the purpose of changing its reg	istered
office or a	registered agent, or both, in the State	of Floridations of	ia, Such change was author Section 607 0505, Florida	rized Stati	iby i	the corporation	oration submits this statement for the purpose of changing its reg on's board of directors, i hereby accept the appointment as regist	Bred
SIGNATURE	an lamas may and accept the seng-							}
SIGNATURE	Signature, typed or printed name of registered age				Agent	signature require	when reinstring) DATE	IN 42
12.	OFFICERS AN	D DIRE	CTORS DELETE	13. 1.1 Π			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12 Addition
TILE	PTD		O OFFEIG	1.2 NAME			124 - · · · · · ·	_
NAME	VAN GORDER, STEVEN 3500 JULIA TERRACE					ADDRESS		1
STREET ADDRESS	NORTH PORT FL 34286		Ì	1.4 CT				J
CITY-ST-ZIP	VSD		DELETE	2.1 111			☐ Change	Addition
NAME	VAN GORDER, RITA		· , —	2.2 NA		1		
STREET ADDRESS	3500 JULIA TERRACE		j.			ADDRESS		1
CITY-ST-ZIP	NORTH PORT FL 34286					7 775		
TITLE				2.4 C	TY-S	1-407		
~			☐ DELETE	3.1 TI		1-417	☐ Change	Addition
- 1161.65			☐ DELETE		LE		☐ Change	Addition
STREET ADDRESS			☐ DELETE	3.1 TIT 3.2 NA 3.3 ST	LE ME	ADDRESS	☐ Change	Addition
				3.1 TTT 3.2 NA 3.3 ST 3.4. CI	LE ME REET TY-S	ADDRESS		
STREET ADDRESS			☐ DELETE	3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII	LE REET TY-51	ADDRESS		Addition
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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 affect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to effect the this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address with all other like empowered.

6.3 STREET ADDRESS

STREET ADDRESS

Mar 05, 1999 8:00 am Secretary of State 03-05-1999 90091 030 ***150.00