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

DOCUMENT # P97000065439

P.A.P. POOL SERVICE, INC.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90025 046 ***150.00

Principal Place of Business		Mailing A	Mailing Address				- 4 106/106/ 118 (81/1) (81/1) 81/1/ 81/1/ 81/1/	BIIGI (IEII (14 000 F114 0 10 F1	
12305 ABBERTON COURT 12305 ABBERTON COU ORLANDO FL 32837 ORLANDO FL 32837				•			DO NOT WRITE IN THIS	SPACE		
			•				3. Date Incorporated or Qualifed	OFFICE		
							07/29/1997			
Principal Place of Business 2a. I			. Mailing Address				4. FEI Number Applied For			
21		26	26				59-3461572	Not Applicable		
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State		City &	City & State				6. Election Campaign Financing	\$5.0)0 May Be	•
23		28	4 4				Trust Fund Contribution Added to Fees			
Zip	Country	Zip		_	untry		8. This corporation owes the current year in			
24	25	29		30	1		Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Currer	nt Registered A	Agent		81	Name	10. Name and Address of New Registered	Agent		
HO	CKLEY, ROBERT		. . ₹ .		"	IVAIIIO				
12305 ABBERTON COURT ORLANDO FL 32837				82	Street Addre	ss (P.O. Box Number is Not Acceptable)	*****		7/ 4-	
UKL	ANDU FL 32837				83		· · · · · · · · · · · · · · · · · · ·			1631
					84	City	**************************************	85 2	ip Code	211
agent. I a	am familiar with, and accept the obliga	ations of, Section	n 607.0505, Flo	nda Stat	utes.	the corporation	's board of directors. I hereby accept the appo	ntment as	registered	
12.		ND DIRECTORS		13.	, reguin	agriziara raquirou	ADDITIONS/CHANGES TO OFFICERS AF	ID DIREC	TORS IN 1	2
TITLE	D		☐ DELETE	1.1 TI	TLE			☐ Chan		
NAME	HOCKLEY, ROBERT			1.2 N	AME		,			
STREET ADDRESS	l			1.3 \$	TREET.	ADDRESS				
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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. 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 employed 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 oddress with all other like empowered.

SIGNATURE:

407-438-7945