

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

APPROVED  
AND  
FILED

98 FEB 10 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000079086 (9)**

1. Corporation Name

**SUN STATE POOL SERVICE, INC.**



Principal Place of Business

**2875 SOUTH ORANGE AVENUE, STE. 500-205  
ORLANDO FL 32806**

Mailing Address

**2875 SOUTH ORANGE AVENUE, STE. 500-205  
ORLANDO FL 32806**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/11/1997**

4. FEI Number

**59-3467410**

Applied For

Not Applied For

5. Certificate of Status Desired

Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

23. City & State

27. City & State

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**FELICIANO, NICK  
2875 SOUTH ORANGE AVENUE, STE. 500-205  
ORLANDO FL 32806**

10. Name and Address of New Registered Agent

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP  
LUCIANO, JOSE**  
STREET ADDRESS **2875 SOUTH ORANGE AVENUE, STE. 500-205**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ DELETE

NAME **DV  
RIVERA, MARIA**  
STREET ADDRESS **2875 SOUTH ORANGE AVENUE, STE. 500-205**  
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE ☐ DELETE

NAME **DST  
FELICIANO, NICK**  
STREET ADDRESS **2875 SOUTH ORANGE AVENUE, STE. 500-205**  
CITY-ST-ZIP **ORLANDO FL 32806**

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

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**000002432240--6  
-02/17/98--01008--004  
\*\*\*\*150.00 \*\*\*\*150.00**

*A. Alvar*  
*2/10/98*

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.

SIGNATURE *Nick Feliciano* *407-858-9989*

CR2E034 (10/97)