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

06-01-1999 90049 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000093917

1. Corporation Name

POOL INTERIORS, INC.

Principal Place of Business

Mailing Address

1122 CHELSEA PARK DRIVE  
CLERMONT, FL 34777

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10-31-97

4. FEI Number

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 5100 W. Colonial

26 5100 W. Colonial Dr

59-3478510

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 225

27 Ste 225

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip Country

Zip Country

24 32808 25 Orange

29 32808 30 Orange

9. Name and Address of Current Registered Agent

Chad Draper  
1122 Chelsea Park Dr.  
Clermont, FL 34711

81 Name

John R. Ballantyne

82 Street Address (P.O. Box Number is Not Acceptable)

903 N. Pine Hills Road

83

84 City

Orlando, FL

85 Zip Code

32808

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/99

12. OFFICERS AND DIRECTORS

TITLE Director/President ☐ DELETE  
NAME Chad Draper  
STREET ADDRESS 1122 Chelsea Park Dr.  
CITY - ST - ZIP Clermont, FL 34711

TITLE Director/Vice President ☒ DELETE  
NAME Wayne Hales  
STREET ADDRESS 279 Laurenburg Lane  
CITY - ST - ZIP Ocoee, FL 34761

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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 Director/President ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE Director/Vice President ☐ Change ☐ Addition  
2.2 NAME John Eric Olivera  
2.3 STREET ADDRESS 7243 Woodhill Park Drive #426  
2.4 CITY - ST - ZIP Orlando, FL 32818

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #