

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90008 028 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P97000105000**

1. Corporation Name

**MICHAEL'S POOL SERVICE, INC.**

Principal Place of Business

**3375 US HWY 98 SO BLDG C STE 5  
LAKELAND FL 33803**

Mailing Address

**3375 US HWY 98 SO BLDG C STE 5  
LAKELAND FL 33803**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/01/1998**

2. Principal Place of Business

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

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** **P.O. Box 6644**

**27** Suite, Apt. #, etc.

**28** **LAKELAND FL**

**29** Zip

**33807**

**30** Country

4. FEI Number

**59-3484879**

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.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GIESEL, MICHAEL E  
3375 US HWY 98 SO BLDG C STE 5  
LAKELAND FL 33803**

10. Name and Address of New Registered Agent

**81** Name

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

**6852 Crescent Oaks Circle**

**83**

**84** City **Lakeland**

**FL**

**85** Zip Code **33813**

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 *Michael E. Giesel*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-21-99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **GIESEL, MICHAEL E**  
STREET ADDRESS **5826 COLONY PLACE CT**  
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ DELETE  
NAME **GIESEL, LISA E**  
STREET ADDRESS **5826 COLONY PLACE CT**  
CITY-ST-ZIP **LAKELAND FL 33813**

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 ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **6852 Crescent Oaks Circle**  
1.4 CITY-ST-ZIP **Lakeland FL 33813**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **6852 Crescent Oaks Circle**  
2.4 CITY-ST-ZIP **Lakeland FL 33813**

3.1 TITLE ☐ Change ☐ Addition  
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.

SIGNATURE: *Michael E. Giesel* **REC MICHAEL E. GIESEL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-21-99**

**941 648-4888**

Date

Daytime Phone #

CR2E034 (5/99)

0084612

Michael's Pool Service, Inc.  
P.O. Box 6644  
Lakeland, Florida 33807

595272-90008-28  
097000/05000

July 21, 1999

Division of Corporations Annual Reports Filing  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

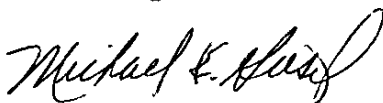
Dear Sir or Madam:

~~I was shocked to receive the "second notice" for the annual~~  
corporate filing fee as I never received the first notice. My  
guess as to why I never received the first notice relates to the  
address of record (not very reliable delivery service at street  
address-have had numerous problems). I will make the appropriate  
change of address for the future.

I incorporated in January of 1998 and therefore was not aware that  
I should be expecting the annual form, did not receive the first  
form/notice and therefore respectfully request a waiver of the  
extraordinary penalty involved with missing the first deadline.

Counting on your reasonableness, please find enclosed my check for  
\$150 (timely filing amount) and the annual corporate return.  
Please confirm your acceptance. Thank you.

Sincerely,



Michael E. Giesel, President