

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90185 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000015693					
1. Corporation Name NO PROBLEM POOL SERVICE, INC.					
Principal Place of Business 17677 60TH LANE NORTH LOXAHATCHEE FL 33470			Mailing Address 17677 60TH LANE NORTH LOXAHATCHEE FL 33470		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country		
3. Date incorporated or Qualified 02/16/1998			4. FEI Number 65-0889435		
5. Certificate of Status Desired ☐			Applied For ☐ Not Applicable		
6. Election Campaign Financing Trust Fund Contribution ☐			\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No					
9. Name and Address of Current Registered Agent GARNER, MARK A 17677 60TH LANE NORTH LOXAHATCHEE FL 33470			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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS ☐ DELETE			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition		
12.1 TITLE PRESIDENT 12.2 NAME MARK A. GARNER 12.3 STREET ADDRESS 17677 60TH Ln. No. 12.4 CITY-ST-ZIP LOXAHATCHEE, FL-33470			13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP		
12.5 TITLE ☐ DELETE 12.6 NAME 12.7 STREET ADDRESS 12.8 CITY-ST-ZIP			13.5 TITLE ☐ Change ☐ Addition 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP		
12.9 TITLE ☐ DELETE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP			13.9 TITLE ☐ Change ☐ Addition 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP		
12.13 TITLE ☐ DELETE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP			13.13 TITLE ☐ Change ☐ Addition 13.14 NAME 13.15 STREET ADDRESS 13.16 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)(f), 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 a I other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

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CR2E034 (11/98)