## 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 # P98000032786

Country

1. Corporation Name

P.J.'S POOLS & SPAS, INC.

Principal	Place	of	Business

2. Principal Place of Business

**TAMPA FL 33624** 

Mailing Address

12304 FOUR OAKS ROAD TAMPA FL 33624

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

12304 FOUR OAKS ROAD

**TAMPA FL 33624** 

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

Zip

## **FILED** Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90026 050 \*\*\*150.00

	<b>11</b> 111 <b>F1</b> 111			
DO NOT WRITE	E IN THIS SP	ACE		
3. Date Incorporated or Qualifed 04/08/1998				
4. FEI Number		Applied For		
59-3472605	)	Not Applicable		
5. Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Election Campaign Financing	<del> </del>	\$5.00 May Be		

Added to Fees

Yes

Personal Property Tax. 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent SMITH, PAUL O JR 12304 FOUR OAKS ROAD

81	Name					
82	Street Address (P.O. Box Number is Not Acceptable)					
83						
84	City 85 Zip Code					

This corporation owes the current year Intangible

Trust Fund Contribution

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 objigations of, Section 607.0505. Florida Statutes.

Country

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SIGNATURE	Signature, typed or printed name of registered agent and title if a	ANOTE:	Pagistared Agent signature re	Outred when reinstation) DATE		
12.	OFFICERS AND DIREC		Registered Agant signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	VICE- PRESIDENT	DELETE	1.1 TITLE	/,BB///C/(C/C/)	[] Change	Addition
TITLE	Debbie L. BOARD	Moccen			<u></u>	_ [
NAME	Debbie C. BUARD		1.2 NAME			1
STREET ADDRESS	301 DUQUE ROAD		1.3 STREET ADDRESS			1
CITY-ST-ZIP	LUTE, FL 33549		1.4 CITY-ST-ZIP			<b>\</b>
TITLE		☐ DELETE	2.1 TITLE	VICE · PRESIDENT	Change	Addition
NAME			2.2 NAME	JUDY SMITH 12304 FOUR DAKE Rd. TAMPA, FL 33624		,
STREET ADDRESS			2.3 STREET ADDRESS	12364 FOUR DAME NO.		
. CITY-ST-ZIP			2.4 CITY-ST-ZIP	TAMPA. FL 33624	<u> </u>	
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	•		3.2 NAME .	·		
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change	☐ Addition
NAME	•		4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP	·		4.4 CITY- ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	•		}
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME	·		6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	•		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 pall other like empowered.

SIGNATURE: