

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).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000049278

Corporation Name  
POOL TREATS OF SARASOTA, INC.

Principal Place of Business  
ASHTON ROAD  
SARASOTA FL

Mailing Address  
4696 ASHTON ROAD  
SARASOTA FL

FILED  
Sep 14, 1999 8:00 am  
Secretary of State

09-14-1999 90003 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
4696 ASHTON RD  
Suite, Apt. #, etc.  
City & State  
SARASOTA FL  
Country  
SARASOTA  
Zip  
34231

2a. Mailing Address  
4696 ASHTON RD  
Suite, Apt. #, etc.  
City & State  
SARASOTA FL  
Country  
SARASOTA  
Zip  
34231

3. Date Incorporated or Qualified  
06/02/1998  
4. FEI Number  
NO EMPLOYEES  
JUST 1 SHARE HOLDER  
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

DESJARLAIS, MARY L  
8075 S. BENEVA RD. STE. 5  
SARASOTA FL 34238

10. Name and Address of New Registered Agent

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

I, the undersigned, being a resident of the State of Florida, do hereby certify that the information furnished on this statement is true and correct, and that I am a resident of the State of Florida, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE  
N/A  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

1. NAME  
BOVINETT, GENE A  
4696 ASHTON RD.  
SARASOTA FL 34238  
DELETE

2. NAME  
NO OTHERS  
DELETE

3. NAME  
DELETE

4. NAME  
DELETE

5. NAME  
DELETE

6. NAME  
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
Change Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Change Addition

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

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
Change Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Change Addition

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: GENE BOVINETT 9/14/99 941-925-4109

CR2E034 (5/99)

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014912-90003-11

As instructed here is my explanation. I really don't know why you didn't receive the first report sheet you sent me. I know I sent it is because when I got it I thought OH more paper work, then I was annoyed that it was almost nothing, just a few simple questions. I do know at the time I sent it in that I didn't (maybe I misplaced) have a envelope & sent it in to the address on the front of your pocket.

Well as instructed & assured here is the amount of \$150. I hope you don't take offense, but I thought I would certify this, since the legal establishment of my business ~~then~~ relies on it.

Thanks

- Gene