FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P98000058715

SHAWN QUAKENBUSH SWIMMING POOL SERVICE, INC.

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90150 030 ***150.00



Principal Place of Business Mailing Address						- 1 INDIIAM) IIB IMIRI INIE BREEL ABUIT WARE AREBA BAFA	/##II 1680)	EIMBT BIN IBBI	
2209 PAMELA D		2209 PAMELA DRIVE							
HOLIDAY FL 34690		HOLIDAY FL 34690				TO MOTIVICITE IN THIS OR LOS			
						DO NOT WRITE IN THIS SP. 3. Date Incorporated or Qualifed	ACE		
						07/01/1998			
O Dinainal Dia	and of Duninger	2a. Mailing Address				4. FEI Number 0 . 2 . 1	TAn	plied For	ĺ
 ;	ace of Business	26				59-3528137	<u> </u>	t Applicable	1
21 ! Suite. Apt. #	# etc	Suite, Apt. #, etc.						Additional	1
22		27	-			_5. Certifcate of Status Desired		equired ======	==
City & State)	City & State				6. Election Campaign Financing	\$5.00	May Be	1
23		28				Trust Fund Contribution	Added t	io Fees	
Zip ;	Country	Zip	Cou	ntry		8. This corporation owes the current year Intang		\mathcal{J}^{-}	
24	25	29	30			Personal Property Tax.	Yes	ZSNo	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Age	<u>nt</u>		
000	DODATION OFFICE COMPANY	•		81 1	Name				ĺ
ŧ	PORATION SERVICE COMPANY			82 :	Street Addres	ss (P.O. Box Number is Not Acceptable)			ĺ
	HAYS STREET								
IALL	AHASSEE FL 32301-2525			83				}	1
				84 (City	[8	5 Zip (Code	İ
;				1	•	FL			
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the al	bove-n	amed corpor	ration submits this statement for the purpose of char's board of directors. I hereby accept the appointment	nging its ent as re	registered gistered	=
agent. I an	n familiar with, and accept the obligati	ons of, Section 607.0505, Flori	da Stati	ites.	* v	, ,		_	İ
SIGNATURE									ĺ
	Signature, typed or printed name of registered agent			Agent si	gnature required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I	VIDECTO	IPS IN 12	8
12.	OFFICERS AND	DELETE DELETE	13. 1.1 TII	n =	1		Change	Addition	;
TITLE	QUAKENBUSH, SHAWN		1.2 N					_	;
NAME ;	2209 PAMELA DRIVE			REET AL	NODECC				1
STREET ADDRESS	HOLIDAY FL 34690		1	TY-ST-Z					3
CITY-ST-ZIP	HOLIDAT I C 34090	☐ DELETE	2.1 TII		Jr		Change	Addition	?
: }			2.2 NA			_	_	_	1
NAME	•	•		REET AL	NORFSS	•			1
STREET ADDRESS				TY-ST-2					ĺ
CITY-ST-ZIP		DELETE		TLE -] Change	☐ Addition	İ
NAME	_	<u> </u>	3.2 NA						
STREET ADDRESS				REETAL	DDRESS			ļ	1
CITY-ST-ZIP				TY-ST-2					
TITLE I		☐ DELETE	4.1 TI		İ] Change	Addition	
NAME :			4. 2 N	AME	İ				
STREET ADDRESS			4.3 ST	REETAL	DORESS				ŀ
CITY-ST-ZIP			1	TY-ST-Z					
TITLE		☐ DELETE	5.1 T] Change	☐ Addition	
NAME :			5.2 N	ME					
STREET ADDRESS			5.3 ST	REET AL	ODRESS				
CITY-ST-ZIP			5.4 CI	TY-ST-Z	UP	·]
TITLE		☐ DELETE	6.1 TI	ΠE		; E] Change	☐ Addition	
NAME .			6.2 NA	AME					
STREET ADDRESS			6.3 ST	REET AL	ODRESS				
CITY-ST-ZIP			6.4 Ci	TY-ST-Z	tiP			ļ	

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 chapted, or on an attachment with an address with all other like empowered.

SIGNATURE:

127 938 -8016