

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90122 035 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
--	---	---

**DOCUMENT # P98000069752**

1. Corporation Name

**BAHAMA JACK'S POOL SERVICE, INC.**

Principal Place of Business

**1800 PARK AVENUE**  
**SUITE 357**  
**ORANGE PARK FL 32073**

Mailing Address

**1800 PARK AVENUE**  
**SUITE 357**  
**ORANGE PARK FL 32073**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/06/1998**

4. FEI Number

☒ 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
7. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

**21 2505 Aquarius Rd**  
 Suite, Apt. #, etc.

**22 Orange Park, FL**  
 City & State

**23 32073 USA**  
 Zip Country

**24** **25**

2a. Mailing Address

**26 P.O. Box 2588**  
 Suite, Apt. #, etc.

**27 Orange Park, FL**  
 City & State

**28 32067-2588 USA**  
 Zip Country

**29** **30**

8. Name and Address of Current Registered Agent

**HERMES, STEPHEN**  
**1800 PARK AVENUE**  
**SUITE 357**  
**ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

**81 Name Stephen Hermes**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**83 Orange Park, FL 32073**  
**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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>Steve Hermes</b>	
STREET ADDRESS	<b>2505 Aquarius Rd</b>	
CITY-ST-ZIP	<b>Orange Park FL 32073</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-27-99**

Date

**904-613-1372**

Daytime Phone #

CR2E034 (11/98)