04061999-90043-025-$150.00-$150.00

FILED
Apr 06, 1999 8:00 am
Secretary of State
04-06-1999 90043 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # P98000098241

1. Corporation Name
STRASSER POOLS, SPAS & SUPPLIES, INC.

Principal Place of Business	Mailing Address
~~1316 JOHN ANDERSON DRIVE~~ ~~ORMOND BEACH FL 32176~~	1316 JOHN ANDERSON DRIVE ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1998

4. FEI Number: 59-3543278 (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	2a. Mailing Address
21 1026 N US HWY 1	28 1030 N US HWY 1
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 ORMOND BCH, FL	City & State 26 ORMOND BEACH, FL
Zip 24 32174 Country 25 USA	Zip 29 32174 Country 30 USA

8. Name and Address of Current Registered Agent

~~AMERIDRAWER~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

31 Name: Charles L Strasser Pools Inc
32 Street Address (P.O. Box Number is Not Acceptable): 1030 N HWY 1
33
34 City: Ormond Bch FL 35 Zip Code: 32174

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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] DATE: 4/1/99
Typed or printed name of registered agent and title if agent is corporation NOTE: Registered Agent signature required when submitting

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STRASSER, CHARLES L	1.2 NAME	
STREET ADDRESS	1316 JOHN ANDERSON DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL 32176	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	VD ☑ Change ☐ Addition
NAME	BRYANT, DONALD	2.2 NAME	BRYANT, DONALD
STREET ADDRESS	~~1316 JOHN ANDERSON DRIVE~~	2.3 STREET ADDRESS	265 Woodhaven Cir West
CITY-ST-ZIP	ORMOND BEACH FL 32176	2.4 CITY-ST-ZIP	Ormond Bch, FL 32174
TITLE	STD ☐ DELETE	3.1 TITLE	STD ☑ Change ☐ Addition
NAME	BRYANT, LORI	3.2 NAME	BRYANT, LORI
STREET ADDRESS	~~1316 JOHN ANDERSON DRIVE~~	3.3 STREET ADDRESS	265 Woodhaven Cir West
CITY-ST-ZIP	ORMOND BEACH FL 32176	3.4 CITY-ST-ZIP	Ormond Bch, FL 32174
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	

CR2E034 (11/98)

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 all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED 4/1/99
Signature and Typed or Printed Name of Individual Date Daytime Phone #
Charles L Strasser