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 # P98000100210

1. Corporation Name

NATIVE SUN POOLS OF NAPLES, INC.

Principal Place of Business 494 3 AVE SOUTH #6

Mailing Address

494 3 AVE SOUTH #6

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90118 045 ***150.00



| 1100 10 07102 | | HAT DEG TE STIGE | | | | DO NOT WRITE IN THIS SPACE | | |
|--------------------|--|--|------------------------|---|------------------|--|-----------------|---------------|
| | | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | | 11/25/1998 | | { |
| 2. Principal P | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | T A | pplied For |
| 21 | | 26 | <u> </u> | | | 59-3434802 | N | ot Applicable |
| Suite, Apt. | #. etc. | Suite, Apt. #, etc. | | | | | \$8:75 | Additional |
| 22 | , | 27 | | | | 5. Certifcate of Status Desired | Fee R | equired |
| City & State | | City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be |
| 23 | 28 | | | | | Trust Fund Contribution | | to Fees |
| Zip | Country | Zip | Country | | | 8. This corporation owes the current year | Intangible | |
| 24 | 25 | 29 30 | 30 | | | Personal Property Tax. | Yes | □No |
| | 9. Name and Address of Currer | | - | | | 10. Name and Address of New Registers | d Agent | |
| | | | 8 | 1 Na | ime | | | |
| MCGEE, THOMAS | | | | | | | | |
| 494 3 AVE SOUTH #6 | | | 8: | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| NAPL | ES FL 34102 | | 83 | | | | | |
| • | | |]- | 1 | | | | |
|) | | | 8- | 4 Ci | ty | F | L 85 Zip | Code |
| 11. Pursuant | to the provisions of Sections 607.050 | 2 and 607.1508, Florida Statutes, | the abo | ve-nai | ned corpor | ration submits this statement for the purpose | of changing its | registered |
| office or r | registered agent, or both, in the State im familiar with, and accept the obliga | of Florida. Such change was auth | norized b | y the i | corporation | 's board of directors. I hereby accept the app | ointment as re | egistered |
| | an lamilar with and accept the obliga | mons of Goodon sor.osoo, Florid | o oldinio | ٠٠. | | | |) |
| SIGNATURE | Signature, typed or printed name of registered age | nt and title if applicable. (NOTE: Re | egistered Ag | ent sign | ature required w | when reinstating) DATE | | |
| 12. | | ID DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS | AND DIRECT | DRS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | T | | ☐ Change | ☐ Addition |
| NAME | MCGEE, THOMAS | | 1.2 NAME | |] | | | } |
| STREET ADDRESS | 404 0 415 0015 40 | | 1.3 STRE | ET ADDI | RESS I | | | |
| CITY-ST-ZIP | NAPLES FL 34102 | | 1.4 CITY- | | | | | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME | MCGEE, ALBERT | | 2.2 NAME | | | | | 1 |
| | 494 3 AVE SOUTH #6 | | 2.3 STRE | | | | | ļ |
| | NAPLES FL 34102 | | | | 7E22 | | | 1 |
| CITY-ST-ZIP | NAPLES FL 34102 | ☐ DELETE | 2.4 CITY- 3.1 TITLE | | | | Change | Addition |
| TITLE | | | li . | | | | | |
| NAME | | | 3.2 NAME | | | | | ļ |
| STREET ADDRESS | 1 | | 3.3 STRE | | (ESS) | | | } |
| CITY-ST-ZIP | | | 3.4. CITY | | | | ☐ Change | Addition |
| TITLE | } | ☐ DELETE | 4.1 TITLE | | Ì | | Criange | LJ Addition |
| NAME | | | 4. 2 NAMI | E | | | | |
| STREET ADDRESS |) | | 4.3 STRE | et addi | ₹ 58 | | | } |
| CITY-ST-ZIP | | | 4.4 CITY- | | | | | |
| TITLE | } | ☐ DELETE | 5.1 TITLE | | 1 | | ☐ Change | Addition \ |
| NAME | | | 5.2 NAME | • | | | | i |
| STREET ADDRESS | 1 | | 5.3 STRE | ET ADDE | RESS | | | _ , } |
| CITY-ST-ZIP | ' | • | 5.4 CITY~ | | | | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME |] | | 6.2 NAME | • | ĺ | | | ĺ |
| STREET ADDRESS | ļ | | 6.3 STRE | ET ADD | RESS | | | |
| CITY-ST-ZIP | <u> </u> | | 6.4 CITY- | ST-ZIP | 1 | | | |
| 0111-91-2IF | - 415 , the state information complied wi | th this filing does not qualify for th | | | totad in Co | ection 119 07/3Vi) Florida Statutes I further | antifuthat the | information |

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:

LEVITAGIATIME SUR QUIRED GRATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Daytime Phone #