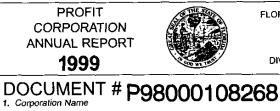
- FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA POOL SERVICE, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10, 1999 8:00 am Secretary of State 03-10-1999 90093 037 ***150.00



Principal Plac	e of Business	Mailing Address			4 16871681: IIB (SIS) 1811 SSILL SSILL STATE (1951) SBIST (1919 SSILE)
590 WINCHESTER WOOD		9590 WINCHESTER WOOD			
NAPLES FL 34109		NAPLES FL 34109			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					12/30/1998
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
2126		26			59-3556353 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	} 1 - ' ' ' '		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	 		Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 30	Country 0		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
	9. Name and Address of Curre	nt Registered Agent		····	10. Name and Address of New Registered Agent
			81	Name	•
	iun, James n Winchester Wood		82 Street Addr		t Address (P.O. Box Number is Not Acceptable)
NAPL	ES FL 34109		83		
			84	City	85 Zip Code
				,	FL []
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 age			nt signature re	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD		1.2 NAME		
	LAWHUN, JAMES N 9590 WINCHESTER WOOD		l	TADDRESS	
	NAPLES FL 34109		1.4 CITY-8		`
CITY-ST-ZIP TITLE	NAFLES FL 34 109	☐ DELETE	2.1 TITLE	11-2IF	Change Addition
NAME			2.2 NAME		
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP			2. 4 CITY-		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	ĺ	
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	1	Change Addition
NAME			4.2 NAME	ļ	
STREET ADDRESS			4.3 STREE	TADDRESS	5
CITY-ST-ZIP			4.4 CITY-5	T-ZIP	☐ Change ☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	}	☐ Change ☐ Addition
NAME				************	
STREET ADDRESS			5.4 CITY-5	TADORESS	
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	11-211	Change Addition
TITLE		OFFE	6.2 NAME		
NAME OTDEET ADDRESS	1		ž .	T ADDRESS	
STREET ADDRESS	1		0.5 51112		-

14. I hereby certify that the information supplied with this filling 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: