

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

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90063 037 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S08227

1. Corporation Name

AQUA ION POOL CARE, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2038 S COMBEE ROAD  
LAKELAND FL 33801  
US

Mailing Address

2038 S COMBEE ROAD  
LAKELAND FL 33801  
US

2. Principal Place of Business

21 2921 HONGYUAN R.  
Suite, Apt. #, etc.

22 LKLD. FL.  
City & State

23 33810  
Zip

24 Country

2a. Mailing Address

26 P.O. Box 92797  
Suite, Apt. #, etc.

27 LKLD. FL.  
City & State

28 33804-2797  
Zip

29 Country

3. Date Incorporated or Qualified

10/22/1990

4. FEI Number

59-3034310

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

8. This corporation owes the current year intangible  
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

KOVACS, LESLIE K.  
2038 S COMBEE ROAD  
LAKELAND FL 33801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P  
NAME KOVACS, LESLIE K.  
STREET ADDRESS 2362 EASTMEADOWS CT.  
CITY-ST-ZIP LAKELAND FL 33813

☐ DELETE

TITLE VP  
NAME SCHEIDLER, EARL  
STREET ADDRESS 5914 LIBERTY FAIRFIELD RD.  
CITY-ST-ZIP HAMILTON OH 45241

☐ DELETE

TITLE T  
NAME KOVACS, JANIE  
STREET ADDRESS 2362 EASTMEADOWS CT.  
CITY-ST-ZIP LAKELAND FL 33813

☐ DELETE

TITLE S  
NAME SCHEIDLER, GLADYS  
STREET ADDRESS 5914 LIBERTY FAIRFIELD RD.  
CITY-ST-ZIP HAMILTON OH 45241

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
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 119.073(1), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0429161