FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S19869 (4)

1. Corporation Name
BEL AIR POOL SERVICE, INC.

Principal Place of Business	Mailing Address
17042 WAYZATA CT NORTH FT MYERS FL 33917	17042 WAYZATA CT NORTH FT MYERS FL 33917

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/19/1990	3a. Date of Last Report: 04/29/1994
4. FEI Number: 65-0231411	☐ 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 has paid for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 2180 Waylife Court	26 P.O. Box 50247
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Alva, FL	28 City & State: Fort Myers FL
24 Zip: 33920 25 County: Lee	29 Zip: 33905 30 County: Lee

9. Name and Address of Current Registered Agent

CLARK, ROSALIND G
17042 WAYZATA COURT
NORTH FT MYERS FL 33917

10. Name and Address of New Registered Agent

81 Name: Clark, Rosalind G.
82 Street Address (P.O. Box Number is Not Acceptable): 2180 Waylife Court
83
84 City: Alva FL 85 Zip Code: 33920

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 of new registered agent, if any) (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	CLARK, ROSALIND, G	12 NAME	Clark, Rosalind G.	
STREET ADDRESS	17042 WAYZATA COURT	13 STREET ADDRESS	2180 Waylife Court	
CITY ST ZIP	N FORT MYERS FL	14 CITY ST ZIP	Alva, FL 33920	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	CLARK, BENJAMIN, M	22 NAME	Clark, Benjamin M.	
STREET ADDRESS	17042 WAYZATA COURT	23 STREET ADDRESS	2180 Waylife Court	
CITY ST ZIP	N FORT MYERS FL	24 CITY ST ZIP	Alva, FL 33920	
TITLE	ST	31 TITLE	S	☒ Change ☐ Addition
NAME	CLARK, ROSALIND, G	32 NAME	Clark, Rosalind G.	
STREET ADDRESS	17042 WAYZATA COURT	33 STREET ADDRESS	2180 Waylife Court	
CITY ST ZIP	N FORT MYERS FL	34 CITY ST ZIP	Alva, FL 33920	
TITLE		41 TITLE	T	☐ Change ☒ Addition
NAME		42 NAME	Clark, Kevin T.	
STREET ADDRESS		43 STREET ADDRESS	4915 W. 7th Street	
CITY ST ZIP		44 CITY ST ZIP	Lehigh Acres, FL 33936	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 with an indication that I am an officer or director.

SIGNATURE: Rosalind G. Clark Rosalind G. Clark 4/26/95 813-543-3623
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0224210 GP