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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53227** **(2)**

1. Corporation Name
AQUA-TECH POOL SERVICE AND REPAIR, INC.

Principal Place of Business	Mailing Address
4970 SW 121 AVE P O BOX 5704 FT. LAUDERDALE FL 33330 US	P.O.BOX 5704 P O BOX 5704 HOLLYWOOD FL 33083 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/15/1991
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business
21: 321 S. KETCH DRIVE
22: Suite, Apt. #, etc.
23: City & State: SUNRISE, FL
24: Zip: 33326 25: Country: USA

2a. Mailing Address
26: P.O. Box 5704
27: Suite, Apt. #, etc.
28: City & State: Hollywood, FL
29: Zip: 33083 30: Country: USA

4. FEI Number: 65-0263094 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EBERSOLE, GREGORY 7500 PANAMA ST MIRAMAR FL 33023	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD EBERSOLE, GREGORY 7500 PANAMA ST MIRAMAR FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD EBERSOLE, GREGORY 321 S KETCH DRIVE SUNRISE FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD EBERSOLE, LESLIE 7500 PANAMA ST MIRAMAR FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VD EBERSOLE, LESLIE 321 S KETCH DRIVE SUNRISE FL 33326	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

SIGNATURE: Gregory Ebersole 4-20-95 305-830-6791
SIGNATURE AND TYPE OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #

0420450 FP