

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

**FILED**  
**Apr 08, 1999 8:00 am**  
**Secretary of State**

04-08-1999 90072 006 \*\*\*150.00

**DOCUMENT # S54295**

1. Corporation Name

**MAJESTIC POOL SERVICES, INC.**

Principal Place of Business

~~3808 EXCHANGE AVE~~  
~~NAPLES FL 34104~~  
~~US~~

Mailing Address

~~3808 EXCHANGE AVE~~  
~~NAPLES FL 34104~~  
~~US~~

2. Principal Place of Business

21 **6323 Jones Lane**  
Suite, Apt. #, etc.

2a. Mailing Address

26 **6323 Jones Lane**  
Suite, Apt. #, etc.

City & State

23 **Naples, FL**

City & State

28 **Naples, FL**

Zip

24 **34109**

Country

25 **US**

Zip

29 **34109**

Country

30 **US**

9. Name and Address of Current Registered Agent

**SU, CHEN TUNG**

~~3808 EXCHANGE AVE~~  
~~NAPLES FL 34104~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/16/1991**

4. FEI Number

**65-0271121**

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

81 Name

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

**6323 Jones Lane**

83

84 City **Naples**

**FL**

85 Zip Code  
**34109**

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 **DP**  
NAME **SU, CHEN TUNG**  
STREET ADDRESS **730 SPRINGLINE DR**  
CITY-ST-ZIP **NAPLES FL 34102**

TITLE **VD** ☐ DELETE

NAME **SU, CHEN-KUEN**  
STREET ADDRESS **5868 JAMESON DR**  
CITY-ST-ZIP **NAPLES FL 34119**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

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

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

SIGNATURE:

**SU, CHEN TUNG**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/5/99**

Daytime Phone #

**941-596-3610**

CR2E034 (1/98)