

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Suzanne B. Martinez
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S58951

(2)

1. Corporation Name:

STARLITE POOLS AND SPAS, INC.

**APPROVED
AND
FILED**

COMM - 1 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business:

**6010 CORTEZ ROAD WEST
BRADENTON FL 34210**

Main Address:

**6010 CORTEZ ROAD WEST
BRADENTON FL 34210**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered:

06/07/1991

3b. Date of Last Report:

05/01/1994

4. FFI Number:

65-0264165

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

2. Principal Place of Business:

21

2a. Mailing Address:

26

State, Apt. # etc.

State, Apt. # etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**WALLACE, JAMES M.
420 OLD MAIN ST W
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

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 607.06(2) and 607.15(8), 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 607.06(2), Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent Accepting Appointment)

(Signature of Registered Agent or Registered Agent Accepting Appointment)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE:

D

2. NAME:

**HAGGARD, BOB R.
5112 3RD AVE DR NW
BRADENTON FL**

3. STREET ADDRESS:

4. CITY & STATE:

5. ZIP CODE:

6. TITLE:

D

7. NAME:

**HAGGARD, DIANE L.
5112 3RD AVE DR NW
BRADENTON FL**

8. STREET ADDRESS:

9. CITY & STATE:

10. ZIP CODE:

11. TITLE:

12. NAME:

13. STREET ADDRESS:

14. CITY & STATE:

15. ZIP CODE:

16. TITLE:

17. NAME:

18. STREET ADDRESS:

19. CITY & STATE:

20. ZIP CODE:

21. TITLE:

22. NAME:

23. STREET ADDRESS:

24. CITY & STATE:

25. ZIP CODE:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY

1. TITLE:

2. NAME:

3. STREET ADDRESS:

4. CITY & STATE:

5. ZIP CODE:

6. TITLE:

7. NAME:

8. STREET ADDRESS:

9. CITY & STATE:

10. ZIP CODE:

11. TITLE:

12. NAME:

13. STREET ADDRESS:

14. CITY & STATE:

15. ZIP CODE:

16. TITLE:

17. NAME:

18. STREET ADDRESS:

19. CITY & STATE:

20. ZIP CODE:

21. TITLE:

22. NAME:

23. STREET ADDRESS:

24. CITY & STATE:

25. ZIP CODE:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and shows full compliance for the exemptions stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my corporation shall have the same legal effect as if made under oath. I am an officer or director of this corporation or the treasurer 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 of this filing. If changed, attach an affidavit with an address.

SIGNATURE: *Diane L. Haggard* **DIANE L. HAGGARD,**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR **Director**

4-30-95

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