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Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90019 001 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # S58951

1. Corporation Name

STARLITE POOLS AND SPAS, INC.

Principal Place of Business

~~6010 CORTIZ ROAD WEST  
BRADENTON FL 34210~~

Mailing Address

~~6010 CORTIZ ROAD WEST  
BRADENTON FL 34210~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1991

2. Principal Place of Business

21 5112 - 3<sup>RD</sup> AVE DR NW

Suite, Apt. #, etc.

22

23 City & State  
BRADENTON, FL

Zip

24 34209

Country

25 USA

2a. Mailing Address

26 5112 - 3<sup>RD</sup> AVE DR NW

Suite, Apt. #, etc.

27

28 City & State  
BRADENTON, FL

Zip

29 34209

Country

30 USA

4. FEI Number

65-0264165

Applied For

No: 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

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 607.051(2) 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 WALLACE, JAMES M

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HAGGARD, BOB R.  
STREET ADDRESS 5112 3RD AVE DR NW  
CITY-ST-ZIP BRADENTON FL

TITLE D ☐ DELETE

NAME HAGGARD, DIANE L.  
STREET ADDRESS 5112 3RD AVE DR NW  
CITY-ST-ZIP BRADENTON FL

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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 119.07(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, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/99

800-935-7727

CR2E034 (11/98)

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