

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 19, 1999 8:00 am  
Secretary of State

04-19-1999 90065 025 \*\*\*150.00

DOCUMENT # S70721

1. Corporation Name

THE POOL DOCTOR OF CENTRAL FLORIDA, INC.

Principal Place of Business

4828 163RD AVE NORTH  
CLEARWATER FL 34622  
US

Mailing Address

P.O. BOX 17058  
CLEARWATER FL 34622  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/31/1991

4. FEI Number

59-3078104

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

2. Principal Place of Business

21 6227 147 Ave N.

Suite, Apt. #, etc.

22 Suite A

City & State

23 Clearwater FL.

Zip

24 33762 25 Florida

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 30

9. Name and Address of Current Registered Agent

LONG, DARELL  
4828 163RD AVE N  
CLEARWATER FL 33762

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 607.0502 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

TITLE D ☐ DELETE

NAME LONG, DARELL J.

STREET ADDRESS 4828 163RD AVE N

CITY-ST-ZIP CLEARWATER FL 33762

TITLE D ☐ DELETE

NAME NAY, DENA

STREET ADDRESS 4211 MEADOW WOOD LANE

CITY-ST-ZIP UNION TOWN OH

TITLE D ☐ DELETE

NAME CAIN, DOROTHY E.

STREET ADDRESS 1793 ANDREWS ST.

CITY-ST-ZIP HARTVILLE OH 44632

TITLE D ☐ DELETE

NAME LONG, DAVID

STREET ADDRESS 146 HIGH STREET UNIT 308

CITY-ST-ZIP MILFORD CT

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 727 530-9787

0415980

CR2E034 (11/98)