

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

CORPORATION
ANNUAL REPORT
1995



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

AND
FILED
95 MAY -1 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S94809** (8)

1. Corporation Name

S & S POOLS, INC.

2. Principal Office Address

**902-A WEST HAINES STREET
PLANT CITY FL 33566**

3. Mailing Address

**902-A WEST HAINES STREET
PLANT CITY FL 33566**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Dissolution **11/18/1991** 3a. Date of Last Report **08/10/1994**

4. FIC Number **59-3100146** 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**

7. This corporation has been authorized by the Florida Statutes to: ☐ Yes ☐ No

2. Principal Office Address

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**U.C.C. FILING & SEARCH SERVICES INC.
526 E. PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301**

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 the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent. It is the policy of the State of Florida that change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept this obligation of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. NAME **D**
2. NAME **SHOFFSTALL, LOIS J.**
3. NAME **902 W. HAINES ST.**
4. NAME **PLANT CITY FL**

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 134.02(2)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make certain that I am a director or officer of the corporation or the receiver or trustee appointed to receive this report as required by Chapter 134, Florida Statutes, and that my name appears in the filing of this report as an attachment with my address.

SIGNATURE: *Lois J. Shoffstall*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois J. Shoffstall

51/45 (813) 758-218