SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 AUG -4 AM 10:57

DOCUMENT # **V28339** **(2)**

1. Corporation Name
AMERICAN POOL AND SOLAR SERVICE, INC.

Principal Place of Business	Mailing Address
121 NORTH TAMIAMI TRAIL NOKOMIS FL 34275	121 NORTH TAMIAMI TRAIL NOKOMIS FL 34275

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/14/1992**
3a. Date of Last Report: **08/05/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 — Suite, Apt. #, etc. — 27
City & State — 23 — City & State — 28
Zip — 24 — County — 25 — Zip — 29 — Country — 30

4. FEI Number: **65-0366471** ☐ 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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
NORMANDIN, PAUL 121 N. TAMIAMI TRAIL NOKOMIS FL 34275	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P ☐ Change ☐ Addition
NAME	HUDON, CLAUDE	12 NAME	NORMANDIN GEORGE P.
STREET ADDRESS	2746 PROCTOR RD.	13 STREET ADDRESS	2744 PROCTOR RD
CITY-ST-ZIP	SARASOTA FL 34240	14 CITY-ST-ZIP	SARASOTA, FL 34240
TITLE	TV	21 TITLE	V ☐ Change ☐ Addition
NAME	NORMAMOIN, GEORGE P	22 NAME	HUDON CLAUDE
STREET ADDRESS	482 N SHORE DR	23 STREET ADDRESS	2746 PROCTOR Rd
CITY-ST-ZIP	OSPREY FL	24 CITY-ST-ZIP	SARASOTA FL 34240
TITLE		31 TITLE	T S ☐ Change ☐ Addition
NAME		32 NAME	NORMANDIN GAIL
STREET ADDRESS		33 STREET ADDRESS	2744 PROCTOR Rd
CITY-ST-ZIP		34 CITY-ST-ZIP	SARASOTA, FL 34240
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #

GEORGE P NORMANDIN 7/24/95 813 921 7261

01/1996 CP