FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mor**u**i≳n ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** V38851 SOS POOL SERVICE INCORPORATED Mailing Address Principal Place of Business P.O. BOX 1042 48 CYPRESS DR PALM HARBOR FL 34684 PALM HARBOR FL 34684 3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1995 05/27/1992 Applied For 2a, Mailing Address 2. Principal Place of Business Not Applicable 59-3127521 26 21 \$8.75 Additional Suite. Ant. #. etc 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Zip Ζıρ Yes No Florida Statutes 30 29 25 24 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) MUSZYNSKI, FLORIAN J. 82 **48 CYPRESS DRIVE** 83 PALM HARBOR FL 34684 Zip Code 85 Pursuant to the provisions of Sections 607,0502 and 607,0508. 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. Thereby accept the appointment as registered agent. I am familiar with soft accept the obligations of Section 607,9505. Florida Statutes 15.60 SIGNATURE CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICER'S AND BIRECTORS 13. 12 Change Addition DELFTE. 1.1 THE TITLE 1.2 NAME MUSZYNSKI, FLORIAN J. NAME 1.3 STREET ADDRESS 48 CYPRESS DR. STREET ADDRESS 1.4 CITY - \$7 - 7IP PALM HARBOR FL CITY-ST-ZIP ☐ Addition Change DELF TE 2 1 117.8 TITLE 2.2 NAME SEYMOUR, ERIC 2.3 STREET ADDRESS 7532 TURTLE BROOK LN STREET ADDRESS 2.4 CITY - \$1 - ZIP **NEW PORT RICHEY FL** CITY - ST - ZIP Change Addition DELETE 3 1 TIT: E TITLE 3.2 NAME MOSZYNSKI, MARILYN A 3.3 STREET ADDRESS **48 CYPRESS DRIVE** STREET ADDRESS 3 4 CITY - ST - ZIE PALM HARBOR FL CITY - S1 - ZIP Addition Change DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4.011Y - \$1 - ZIP CITY-ST-ZIP Addition Change T' DELETE 5 1 THEE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - 21F Addition CITY-S1-ZIP 100001786941°°° -04/19/96--01026--007 DELETE 6 1 TILE . TITLE NAME 6.3 STREET ADDRESS ***200.00 STREET ADDRESS 64 CHY-ST ZIP 14. I do hereby certify that the information supplied with this fining is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplientental 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 or an attachment with an address.

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FICER OR DIRECTOR

SIGNATURE:

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SIGNATURE AND TYPED O

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