

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V38851** (4)
1. Corporation Name
SOS POOL SERVICE INCORPORATED



Principal Place of Business

Mailing Address

**48 CYPRESS DR.
PALM HARBOR FL 34684**

**P.O. BOX 1042
PALM HARBOR FL 34684**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/27/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3127521

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Date (Registered Agent Signature Required)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
MUSZYNSKI, FLORIAN J.
48 CYPRESS DR.
PALM HARBOR FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
SEYMOUR, ERIC
7532 TURTLE BROOK LN
NEW PORT RICHEY FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**V
MOSZYNSKI, MARILYN A
48 CYPRESS DRIVE
PALM HARBOR FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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TITLE
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STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

☐ DELETE

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE
22 NAME
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24 CITY - ST - ZIP
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41 TITLE
42 NAME
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44 CITY - ST - ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

**100001786941
-04/19/96--01026--007
***200.00**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-96- 813-934 6849

56-61-19-96

CR2E034 (12/95)