

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:23

DOCUMENT # **V68464** (9)

1. Corporation Name

WAVE POOL AND SPA SUPPLY STORE, INC.

Principal Place of Business

376 26TH AVE. S.E.
ST. PETERSBURG FL 33705

Mailing Address

376 26TH AVE. S.E.
ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/28/1992

3a. Date of Last Report

04/14/1994

4. FEI Number

59-3141459

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 G. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 5500 4TH ST N

2b. Mailing Address

26 5500 4TH ST N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 ST PETERSBURG, FL

27 City & State

28 ST PETERSBURG, FL

24 Zip

33703

25 Country

USA

29 Zip

33703

30 Country

USA

9. Name and Address of Current Registered Agent

GRAYL, DALE
376 26TH AVE. S.E.
ST. PETERSBURG FL 33705

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 the 1 applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DST
NAME	GRAYL, DALE
STREET ADDRESS	376 26TH AVE. S.E.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	DP
NAME	GRAYL, MARY
STREET ADDRESS	376 26TH AVE. S.E.
CITY - ST - ZIP	ST. PETERSBURG FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☒ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	ST PETERSBURG, FL 33705
21 TITLE	☒ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	ST PETERSBURG, FL 33705
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that this 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 SIGNING OFFICER OR DIRECTOR

DATE

4/19/95

813-526-6300

(Excluded From 8)