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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V71957

(7)

1. Corporation Name

BRANDON POOLS & SPAS, INC.

Principal Place of Business

225 S RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617

Mailing Address

225 S RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617-7240

3. Date Incorporated or Qualified
10/06/1992

3a. Date of Last Report
04/09/1996

2. Principal Place of Business

21 107 N. VALRICO Rd.

2a. Mailing Address

26 23642 SHINING STAR DR

4. FEI Number

59-3147531

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

23 VALRICO, FL

28 LAND O' LAKES, FL

24 33594

25 HILLSBOROUGH

29 34639

30 PASCO

9. Name and Address of Current Registered Agent

SAGRAVES, JOHN
225 S RIVERHILLS DRIVE
TEMPLE TERRACE FL 33617

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

23642 SHINING STAR DR.

83

84

LAND O LAKES

FL

85 Zip Code

34639

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

John Sagraves

(NOTE: Registered Agent signature required when reappointing)

4/8/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME SAGRAVES, JOHN
STREET ADDRESS 225 S RIVERHILLS DR
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ☐ DELETE

NAME SEAGRAVES, ROBERTA
STREET ADDRESS 225 S. RIVERHILLS DR.
CITY-ST-ZIP TEMPLE TERRACE FL 33617

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME JOHN SAGRAVES
1.3 STREET ADDRESS 23642 SHINING STAR DR.
1.4 CITY-ST-ZIP LAND O LAKES, FL 34639

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ROBERTA SAGRAVES
2.3 STREET ADDRESS 23642 SHINING STAR DR.
2.4 CITY-ST-ZIP LAND O LAKES, FL 34639

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

John Sagraves
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN SAGRAVES

Date

4/8/97

Daytime Phone #

813-996-2776

CR2E034 (9/96)