FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

BRANDON POOLS & SPAS, INC.

FILED Apr 17 1998 8:00am Secretary of State

| Principal Place of Business Mailing Address | | | | | HA BABAN MARAN BARAN | EKOLI FOOT |
|--|--------------------------------|---------------------|--|--|------------------------------------|-------------------------|
| 107 N. VALRICO RD. 26342 SHINING STAR DR. VALRICO FL 33594 LAND O' LAKES FL 34839 | | | | | | |
| | | • | | DO NOT WRITE IN THIS | CDACE | |
| US | US | | | 3. Date Incorporated or Qualified | - GFACE | |
| | | | | 10/06/1992 | | ľ |
| 2. Principal Place of Business 2e. Mailing Address | | | | 4. FEI Number | App | lied For |
| 21 26 | | | | 59-3147531 | Not | Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | · | 5. Certificate of Status Desired | \$8.75 A | |
| 27 | | | | 5. Commodito di Citato Donico | Fee Req | |
| City & State City & State | | | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 N | , |
| Zip Country | Zip Country | | v | | Added to | |
| 24 25 | ├ ─ ` ├ | 30 | | This corporation owes or has paid the c Personal Property Tax due June 30. | Yes [| _ |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | |
| SAGRAVES, JOHN | | 61 | Name | | | |
| 23642 SHINING STAR DR. LAND O' LAKES FL 34639 | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | Ľ | | | | |
| | | 83 | | | | |
| | | 84 | City | | 85 Zip Co | ode |
| | (607 (500 F) : 1 5 | | | Fi | <u> </u> | |
| Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligat | of Florida. Such change was au | uthorized b | y the corpora | poration submits this statement for the purpose tion's board of directors. I hereby accept the ap | or changing its pointment as re | registered egistered |
| SIGNATURE | | | | | | |
| Signature, typed or printed name of registered agent 12. OFFICERS AND | | | ent signature requi | red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN | D DIBECTORS | INI 12 |
| 12. OFFICERS AND | DELETE | 13. 1.1 TOLE | | ADDITIONS/CHANGES TO OFFICERS AN | Change | Addition |
| NAME SAGRAVES, JOHN | | 1,2 NAME | } | | | |
| STREET ADDRESS 23642 SHINING STAR DR. | | | T ADORESS | | | |
| CITY-ST-ZIP LAND O' LAKES FL | | 1.4 CITY- | | | | |
| TITLE ST | DELETE | 2.1 TITLE | | | Change | Addition ' |
| NAME SEAGRAVES, ROBERTA | | 22 NAME | | | | |
| STREET ADDRESS 23642 SHINING STAR DR. | | 23 STREE | T ADDRESS | | | |
| CITY-ST-ZIP LAND O' LAKES FL | | 2. 4 CiTY- | ST-ZIP | | | |
| TITLE | ☐ DELETE | 3.1 TITLE | | | Change | Addition |
| NAME | | 3.2 NAME | | | | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP TITLE | DELETE | 3.4. CITY - | SI-ZIP | | Change | ☐ Addition |
| NAME | | 4.2 NAME | | | onungo | |
| STREET ADDRESS | | 1 | T ADDRESS | | | |
| CITY-ST-ZIP | | 4.4 City-St-ZiP | | | | |
| TITLE | DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | | 5.2 NAME | | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | | 5.4 CITY - ST - ZIP | | | <u></u> | |
| TITLE | ☐ DELETE | 6.1 TITLE | | | Change | Addition |
| NAME | | 6.2 NAME | | | | 1 |
| STREET ADDRESS | | | - 1 | | | |
| CITY-ST-ZIP | | 6 3 STREE | T ADDRESS | | | ļ |

I nereby 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 informatic 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.

St3-996-2726

813-996-2776