2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2017
Secretary of State
CC9077074395

DOCUMENT# 300940

Entity Name: BAY AREA POOLS AND SPAS, INC.

Current Principal Place of Business:

5015 W WATERS AVE.
SUITE A
TAMPA, FL 33634-1317

Current Mailing Address:

5015 W WATERS AVE.
SUITE A
TAMPA, FL 33634-1317 US

FEI Number: 59-0937267

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAYTON, GAROLD FIII
5015 W WATERS AVE
SUITE A
TAMPA, FL 33634 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CEOT
Name	CRAYTON, GAROLD FIII
Address	5015 W WATERS AVE STE A
City-State-Zip:	TAMPA, FL 33634

Title	S/VP
Name	ANDERSON, ANGELINA M
Address	5015 W WATERS AVE STE A
City-State-Zip:	TAMPA, FL 33634

Title	D
Name	BELANGER, GAIL LMRS
Address	5015 W WATERS AVE STE A
City-State-Zip:	TAMPA FL 33634

Title	D/VP
Name	BELANGER, JUSTIN
Address	5015 W WATERS AVE. SUITE A
City-State-Zip:	TAMPA FL 33634-1317

Title	P/D
Name	HAHMANN, DAVID JMR.
Address	5015 W WATERS AVE STE A
City-State-Zip:	TAMPA FL 33634

Title	VP
Name	NEATHERLY, CHRISTOPHER L
Address	5015 W WATERS AVE. SUITE A
City-State-Zip:	TAMPA FL 33634-1317

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GAROLD F CRAYTON, III CEOT 03/01/2017

Electronic Signature of Signing Officer/Director Detail — Date