

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L43661

**Entity Name:** POOLS BY JOHN CLARKSON, INC.

**Current Principal Place of Business:**

600 ST. JOHNS BLUFF ROAD N  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

600 ST. JOHNS BLUFF ROAD N  
JACKSONVILLE, FL 32225 US

**FEI Number:** 59-2984930

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLARKSON, JOHN S.  
600 ST. JOHNS BLUFF ROAD N  
JACKSONVILLE, FL 32225 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 DP  
Name CLARKSON, JOHN S.  
Address 600 ST. JOHNS BLUFF ROAD N  
City-State-Zip: JACKSONVILLE FL 32225

*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:** JOHN S CLARKSON

**PRESIDENT**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date