

2019 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:** Yes**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	CHAIRMAN OF BOARD
Name	CLARKSON, JOHN
Address	600 ST. JOHNS BLUFF ROAD N
City-State-Zip:	JACKSONVILLE FL 32225

Title	PRESIDENT
Name	CLARKSON, JORDAN
Address	600 ST. JOHNS BLUFF ROAD N
City-State-Zip:	JACKSONVILLE FL 32225

Title	SECRETARY
Name	CLARKSON, JUDIE
Address	600 ST JOHNS BLUFF ROAD N
City-State-Zip:	JACKSONVILLE FL

Title	VP
Name	CLARKSON, JUDSON
Address	600 ST JOHNS ROAD N
City-State-Zip:	JACKSONVILLE FL

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

CHAIRMAN OF BOARD

03/29/2019

Electronic Signature of Signing Officer/Director Detail_____
Date