

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

**FILED**

**May 05 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 386708 (2)**

1. Corporation Name  
**PINGEL POOLS, INC.**



Principal Place of Business <b>10506 SPRING HILL DR. SUITE A SPRING HILL FL 34608 US</b>	Mailing Address <b>10506 SPRING HILL DR. SUITE A SPRING HILL FL 34608-5046 US</b>
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<b>3.</b> Date Incorporated or Qualified <b>08/10/1971</b>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
<b>4.</b> FEI Number <b>59-1395825</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> 10500 SPRING HILL DR Suite, Apt. #, etc.	<b>26</b> 10500 SPRING HILL DR Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
<b>23</b> City & State SPRING HILL, FL	<b>28</b> City & State SPRING HILL, FL
<b>24</b> Zip 34608	<b>25</b> Country HERNANDO
<b>29</b> Zip 34608	<b>30</b> Country HERNANDO

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>LAVAY, ROBERT 6047 APPLGATE DRIVE SPRING HILL, FLORIDA SPRING HILL FL 34608</b>	<b>81</b> Name
	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>83</b>
	<b>84</b> City
	<b>85</b> Zip Code

**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**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAVAY, ROBERT</b>	12 NAME	
STREET ADDRESS	<b>6047 APPLGATE DR</b>	13 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL</b>	14 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAVAY, LIONEL G.</b>	22 NAME	
STREET ADDRESS	<b>8123 AVE. OF THE PALMS</b>	23 STREET ADDRESS	
CITY-ST-ZIP	<b>SPRING HILL FL 33526</b>	24 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAVAY, ROBERT</b>	32 NAME	
STREET ADDRESS	<b>2505 S.E. CARROLL ST.</b>	33 STREET ADDRESS	
CITY-ST-ZIP	<b>STUART FL</b>	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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**  
*[Handwritten Signature]*

CR2E034 (9/96)