

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAR 24 PM 2:10

DOCUMENT # **446563** (9)

1. Corporation Name  
**WELLER POOL CONSTRUCTORS, INC.**

Principal Place of Business P.O. BOX 160008 ALTAMONTE SPRINGS FL 32716-0008	Mailing Address P.O. BOX 160008 ALTAMONTE SPRINGS FL 32716-0008
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>02/15/1974</b>	3a. Date of Last Report <b>03/29/1994</b>
4. FEI Number <b>59-1539218</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	29 Country
25 Country	30 Country

9. Name and Address of Current Registered Agent  
**VON WELLER, HJ  
1821 S ORANGE BLOSSOM TRL  
APOPKA FL 32703**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 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 officer 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	<b>TS</b>
NAME	<b>DEL GRANDE, JANE M.</b>
STREET ADDRESS	<b>1821 S ORANGE BLOSSOM TR</b>
CITY - ST - ZIP	<b>APOPKA FL</b>
TITLE	<b>P</b>
NAME	<b>VON WELLER, H. J., III</b>
STREET ADDRESS	<b>1821 S ORANGE BLOSSOM TR</b>
CITY - ST - ZIP	<b>APOPKA FL</b>
TITLE	<b>V</b>
NAME	<b>RUDASILL, CHRISOPHER R.</b>
STREET ADDRESS	<b>1821 S ORANGE BLOSSOM TR</b>
CITY - ST - ZIP	<b>APOPKA FL</b>
TITLE	<b>V</b>
NAME	<b>OREN, JACK D.</b>
STREET ADDRESS	<b>1821 S ORANGE BLOSSOM TR</b>
CITY - ST - ZIP	<b>APOPKA FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or any other 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 agent 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: *H.J. von Weller* (H.J. von Weller) 3/21/95 407-880-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR