

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **02/15/1974**
3a. Date of Last Report: **03/24/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **59-1539218**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEL GRANDE, JANE M.	1. 2 NAME	
STREET ADDRESS	1821 S ORANGE BLOSSOM TR	1. 3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	1. 4 CITY-ST-ZIP	
TITLE	P	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON WELLER, H. J., III	2. 2 NAME	
STREET ADDRESS	1821 S ORANGE BLOSSOM TR	2. 3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	2. 4 CITY-ST-ZIP	
TITLE	V	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDASILL, CHRISOPHER R.	3. 2 NAME	
STREET ADDRESS	1821 S ORANGE BLOSSOM TR	3. 3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	3. 4 CITY-ST-ZIP	
TITLE	V	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OREN, JACK D.	4. 2 NAME	
STREET ADDRESS	1821 S ORANGE BLOSSOM TR	4. 3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL	4. 4 CITY-ST-ZIP	
TITLE		5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. 2 NAME	
STREET ADDRESS		5. 3 STREET ADDRESS	
CITY-ST-ZIP		5. 4 CITY-ST-ZIP	
TITLE		6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. 2 NAME	
STREET ADDRESS		6. 3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: *Jane M. Del Grande* 1/26/96 880-8800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)