

4-9-97 B-4273C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 09 1997 8:00am
Secretary of State



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

PROFIT CORPORATION
 ANNUAL REPORT
1997

DOCUMENT # 446563 (9)
 1. Corporation Name
WELLER POOL CONSTRUCTORS, INC.



Principal Place of Business Mailing Address
P.O. BOX 180008 ALTAMONTE SPRINGS FL 32716-0008
P.O. BOX 180008 ALTAMONTE SPRINGS FL 32716-0008

3. Date Incorporated or Qualified **02/15/1974** 3a. Date of Last Report **02/08/1996**
 4. FEI Number **59-1539218** Applied For Not Applicable
 6. 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

2. Principal Place of Business 2a. Mailing Address
 21 Weller Pool Constructors, Inc 26 Weller Pool Constructors, Inc
 1821 S. Orange Blossom Trail 1821 S. Orange Blossom Trail
 Apopka, Florida 32703 Apopka, Florida 32703
 22 () 27 ()
 23 () 28 ()
 24 Zip 25 Country 29 Zip 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 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

TITLE	TS	<input type="checkbox"/> DELETE
NAME	DEL GRANDE, JANE M.	
STREET ADDRESS	1821 S ORANGE BLOSSOM TR	
CITY - ST - ZIP	APOPKA FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VON WELLER, H. J., III	
STREET ADDRESS	1821 S ORANGE BLOSSOM TR	
CITY - ST - ZIP	APOPKA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUDASILL, CHRISOPHER R.	
STREET ADDRESS	1821 S ORANGE BLOSSOM TR	
CITY - ST - ZIP	APOPKA FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	OREN, JACK D.	
STREET ADDRESS	1821 S ORANGE BLOSSOM TR	
CITY - ST - ZIP	APOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
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 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: *Jane M. Del Grande*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)