SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 28 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS **DOCUMENT #** (6) ST. AUGUSTINE POOLS, INC. Principal Place of Business Mailing Address 2660 US 1 S. 2680 US 1 S. ST AUGUSTINE FL 32086 ST AUGUSTINE FL 32086 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/05/1974 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1550438 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 24 29 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DOBSON, GEOFFREY B., ESO. 77 BRIDGE STREET 82 Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32084 83 84 Zip Code City 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 Signifiure, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (2/38)OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition **CR2E034** RUFF, GARY NAME 1.2 NAME 355 CYPRESS RD STREET ADDRESS 1.3 STREET ADDRESS ST AUGUSTINE FL 1.4 CiTY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change Addition NAME RUFF, LORETTA 2.2 NAME STREET ADDRESS 355 CYPRESS RD 23 STREET ADDRESS X . 4 ST AUGUSTINE FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 3000026031 TITLE DELETE 5.1 TITLE **-0**7/31/98--01012 5.2 NAME NAME \*\*\*150.00 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

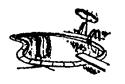
6.4 CITY-ST-ZIP

15-90

14. I 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.

CITY-ST-ZIP





## St. Augustine Pools, Inc.

2660 U.S. 1 SOUTH ST. AUGUSTINE, FLORIDA 32086

7-15-98

Opar Sies:

with a very helpful person named Carol;

the am enclosing my check for

# 1500 for my 1998 Resert

Coeporation Denned Report.

I realize that you must hear this

excuse on a aegular basis but I

do swear that I never Received the

fiest notice. It possible place check

my yearly driving status. I'm sure

you will dind a pateen of Always

being on time,

Sincepely Locatta Rulff UP