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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F36107 (3)

1. Corporation Name
SUNSHINE POOL SERVICE OF TAMPA, INC.



Principal Place of Business: 12522 US HWY 301 N, P.O. BOX 1348, THONOTOSASSA FL 33592-8348
Mailing Address: 12522 US HWY 301 N, P.O. BOX 1348, THONOTOSASSA FL 33592-1348

3. Date Incorporated or Qualified: 05/22/1981
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2116091
Applied For: Not Applicable
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

2. Principal Place of Business (21-24) and Mailing Address (2a-30) fields with sub-sections for Suite, Apt. #, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: QUEDNAU, JOHN F, 12205 KELLY LANE, THONOTOSASSA FL 33592

10. Name and Address of New Registered Agent (81-84) 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS
1.1 TITLE: STD
1.2 NAME: QUEDNAU, DEANETTA M
1.3 STREET ADDRESS: 12205 KELLY LANE
1.4 CITY-ST-ZIP: THONOTOSASSA FL
1.5 TITLE: PD
1.6 NAME: QUEDNAU, JOHN F
1.7 STREET ADDRESS: 12205 KELLY LANE
1.8 CITY-ST-ZIP: THONOTOSASSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
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: *Deanetta M. Quednau* Seal Treas. / Director Date: 4/30/97 (813) 986-6091

CR2E034 (9/96)