

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

95 JUN 14 AM 8:02

**DOCUMENT # H19043 (9)**

1. Corporation Name  
**THE POOL STORE, INC.**

Principal Place of Business Mailing Address  
2975 BEE RIDGE ROAD 2975 BEE RIDGE ROAD  
C C  
SARASOTA FL 34239 SARASOTA FL 34239  
US US

DO NOT WRITE IN THIS SPACE

|  |  |  |  |
|--|--|--|--|
| 3. Date Incorporated or Qualified<br><b>08/30/1984</b>   |  | 3a. Date of Last Report<br><b>03/28/1994</b>           |  |
| 4. FEI Number<br><b>59-2440670</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   |  | <b>\$8.75</b> Additional Fee Required                  |  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>   |  | <b>\$5.00</b> May Be Added to Fees                     |  |
| 8. This corporation has liability for intangible tax under s. 100.092, Florida Statutes<br><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|                                |                     |         |    |                     |                     |    |    |
|--------------------------------|---------------------|---------|----|---------------------|---------------------|----|----|
| 2. Principal Place of Business |                     |         |    | 2a. Mailing Address |                     |    |    |
| 21                             | Suite, Apt. #, etc. |         |    | 26                  | Suite, Apt. #, etc. |    |    |
| 22                             | City & State        |         |    | 27                  | City & State        |    |    |
| 23                             | Zip                 | Country | 28 | Zip                 | Country             | 29 | 30 |

9. Name and Address of Current Registered Agent  
**CHRISTIANSEN & DEHNER, P.A.  
2975 BEE RIDGE ROAD  
SUITE C  
SARASOTA FL 34239**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

11. Pursuant to the provisions of Sections 607.0602 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|------------------------|---|---|
| TITLE                      | DPT                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WASILEWSKI, RAYMOND E. | 1.2 NAME  |   |
| STREET ADDRESS             | 4631 BEE RIDGE RD      | 1.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | SARASOTA FL            | 1.4 CITY ST ZIP                                       |   |
| TITLE                      | DVS                    | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | WASILEWSKI, SANDRA A.  | 2.2 NAME  |   |
| STREET ADDRESS             | 4631 BEE RIDGE ROAD    | 2.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                | SARASOTA FL            | 2.4 CITY ST ZIP                                       |   |
| TITLE                      |                        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 3.2 NAME  |   |
| STREET ADDRESS             |                        | 3.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                        | 3.4 CITY ST ZIP                                       |   |
| TITLE                      |                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4.2 NAME  |   |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |   |
| CITY ST ZIP                |                        | 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 110.07(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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond E. Wasilewski **RAYMOND E. WASILEWSKI** 6/19/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) 813 377 0188

CR2E034 (3/95)