

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 6/9/95: \$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 16 AM 10:36

**DOCUMENT # J90626 (9)**  
1. Corporation Name  
**POOL CARE SPECIALISTS, INC.**

Principal Place of Business: **190 CARISSA DR. SATELLITE BEACH FL 32937**  
Mailing Address: **190 CARISSA DR. SATELLITE BEACH FL 32937**

DO NOT WRITE IN THIS SPACE.

|                                                 |         |                     |         |                                                          |                                |
|-------------------------------------------------|---------|---------------------|---------|----------------------------------------------------------|--------------------------------|
| 2. Principal Place of Business                  |         | 2a. Mailing Address |         | 3. Date incorporated or Qualified                        | 3a. Date of Last Report        |
| 21                                              |         | 26                  |         | 09/03/1987                                               | 10/18/1994                     |
| Suits, Apt. #, etc.                             |         | Suits, Apt. #, etc. |         | 4. FEI Number                                            | Applied For                    |
| 22                                              |         | 27                  |         | 59-2851117                                               | Not Applicable                 |
| City & State                                    |         | City & State        |         | 5. Certificate of Status Desired                         | \$8.75 Additional Fee Required |
| 23                                              |         | 28                  |         | <input type="checkbox"/>                                 | \$5.00 May Be Added to Fees    |
| Zip                                             | Country | Zip                 | Country | 6. Election Campaign Financing Trust Fund Contribution   |                                |
| 24                                              | 25      | 29                  | 30      | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| 9. Name and Address of Current Registered Agent |         |                     |         | 10. Name and Address of New Registered Agent             |                                |

**CROUCH, PETER C.  
190 CARISSA DR.  
SATELLITE BEACH FL 32937**

|                                                       |             |
|-------------------------------------------------------|-------------|
| 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 \_\_\_\_\_ 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                       | CROUCH, PETER C.   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 190 CARISSA DR.    | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | SATELLITE BEACH FL | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                    | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                    | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                    | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                    | 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Peter C. Crouch* PETER C. CROUCH 6-12-95 (407) 777-7101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (3/95)