

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



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

19968-8 a

b-7601

C

DOCUMENT # P95000035904 (8)

1. Corporation Name

SUTTON'S POOL SUPPLY, INC.



Principal Place of Business	Mailing Address	2. Date of Last Report	3a. Date of Last Report
99 S. PLUMOSA ST. MERRITT ISLAND FL	99 S. PLUMOSA ST. MERRITT ISLAND FL	1995	

2. Principal Place of Business	2a. Mailing Address	4. Telephone Number	Applied For
21 500 W. Merritt Is Cswy	26	59-3316806	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Merritt Island, FL	28	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24 32952	25 Deward	29	30
29	30	8. This corporation has liability for intangibles tax under s. 199.03?	Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUTTON, MARK 99 S. PLUMOSA ST. MERRITT ISLAND FL	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 500 W. Merritt Island Cswy 83 84 City Merritt Island FL 85 Zip Code 32952

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: *Mark Sutton* MARK SUTTON 8/5/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, MARK	1.2 NAME	
STREET ADDRESS	99 S. PLUMOSA ST.	1.3 STREET ADDRESS	500 W. Merritt Island Cswy.
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, VIRGINIA	2.2 NAME	
STREET ADDRESS	99 S. PLUMOSA ST.	2.3 STREET ADDRESS	500 W. Merritt Island Cswy.
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *Mark Sutton* MARK SUTTON 8/5/96 4074533470

CR2E034 (3/96)