

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 324797 (0)
1. Corporation Name
GULLY POOL SERVICE & SUPPLY, INC.



Principal Place of Business
2757 FOWLER ST
FORT MYERS FL 33901

Mailing Address
2757 FOWLER ST
FORT MYERS FL 33901

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 550 Suite, Apt. #, etc. 22 FT MYERS City & State 23 FL Zip 33902 Country Lee		2a. Mailing Address 26 P.O. Box 550 Suite, Apt. #, etc. 27 City & State 28 FT MYERS FL Zip 33902 Country LEE		3. Date Incorporated or Qualified 12/29/1967	
				4. FEI Number 59-1198570	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GULNAC, DOROTHY K 2757 FOWLER ST FT MYERS FL 33901				10. Name and Address of New Registered Agent 81 Name DOROTHY K GULNAC 82 Street Address (P.O. Box Number is Not Acceptable) 6644 MARIA DR 83 84 City ST JAMES CITY FL 85 Zip Code 33956			
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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 *Dorothy K Gulnac* DOROTHY K GULNAC 2/5/98
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	DP			1.1 TITLE	DP		
NAME	GULNAC, DON R			1.2 NAME	GULNAC DON R		
STREET ADDRESS	2757 FOWLER ST			1.3 STREET ADDRESS	6644 MARIA DR		
CITY-ST-ZIP	FT MYERS, FL 00000			1.4 CITY-ST-ZIP	ST JAMES CITY FL 33956		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILTSHIRE, WARREN B			2.2 NAME	WILTSHIRE WARREN B		
STREET ADDRESS	2757 FOWLER ST.			2.3 STREET ADDRESS	4 GEORGETOWN		
CITY-ST-ZIP	FT MYERS FL			2.4 CITY-ST-ZIP	FT MYERS FL 33901		
TITLE	SDT	<input type="checkbox"/> DELETE		3.1 TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GULNAC, DOROTHY K			3.2 NAME	GULNAC DOROTHY K		
STREET ADDRESS	2757 FOWLER ST.			3.3 STREET ADDRESS	6644 MARIA DR		
CITY-ST-ZIP	FT MYERS FL			3.4 CITY-ST-ZIP	ST JAMES CITY FL 33956		
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 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, changed, or on an attachment with an address.

SIGNATURE: *Dorothy K Gulnac* DOROTHY K GULNAC 2/5/98 9412833239

CR2E034 (10/97)