

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

98 MAR -5 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 402277
1. Corporation Name
C.F. POOL SUPPLIES, INC.

REINSTATEMENT 07-98

Principal Place of Business Mailing Address
702 Commercial Dr. 1141 So. Ridgewood Ave.
Holly Hill, Fla. 32117 Daytona Beach, Fla.
32114

3. Date Incorporated or Qualified 3a. Date of Last Report
June 1, 1972 Sep. 26, 1997

2. Principal Place of Business 2a. Mailing Address
21 702 Commercial Dr. 26

4. FEI Number Applied For
59-1402343 Not Applicable

22 Suite, Apt #, etc. 27 Suite, Apt #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Holly Hill, Fla. 28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 32117 25 Volusia 29 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Walter B. Dunagan
1141 So. Ridgewood Ave.
Daytona Beach, Fla. 32114

10. Name and Address of New Registered Agent
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: Walter B. Dunagan [Signature] DATE: 3/2/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	Jeanne A. Eden	
STREET ADDRESS	13 Fernery Trail	
CITY-ST-ZIP	Ormond Beach, Fla. 32174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Calvin D. Eden	
STREET ADDRESS	13 Fernery Trail	
CITY-ST-ZIP	Ormond Beach, Fla. 32174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	800002453208-9
1.3 STREET ADDRESS	-03/10/98--01106--010
1.4 CITY-ST-ZIP	****900.00 ****900.00
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: [Signature] DATE: Feb. 13 1998 904-253-3033

CR2E034 (9/96)