

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

FILED
Feb 26 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 # 677861 (7)
1. Corporation Name
AUTO-CHLOR SUNCOAST, INC.

Principal Place of Business 10920 75 ST N. LARGO FL 34647	Mailing Address 10920 75 ST N. LARGO FL 34647
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7163 - 123Cr. Suite, Apt. #, etc. 22 City & State 23 Largo, FL Zip 24 33773		2a. Mailing Address 26 7163 - 123Cr. Suite, Apt. #, etc. 27 City & State 28 Largo, FL Zip 29 33773		3. Date Incorporated or Qualified 07/09/1980 4. FEI Number 59-2037034 Applied For Not Applicable 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	
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9. Name and Address of Current Registered Agent TAYLOR, J.D. 133 ATLANTIC DR MAITLAND FL 32751		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	
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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

Signature, typed or printed name of registered agent and if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	TAYLOR, J D	1.2 NAME	
STREET ADDRESS	133 ATLANTIC DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	CCD	2.1 TITLE	
NAME	TAYLOR, T F	2.2 NAME	
STREET ADDRESS	133 ATLANTIC DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	PT	3.1 TITLE	
NAME	BRYSON, DENNIS J	3.2 NAME	
STREET ADDRESS	133 ATLANTIC DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	
NAME	GARDNER, GARY	4.2 NAME	
STREET ADDRESS	133 ATLANTIC DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 if changed, or in an attachment with an address.

SIGNATURE:

[Signature] U.P. 2/19/98 (407) 831-7800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0405867

CR2E034 (10/97)