FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **832085** **(5)**

1. Corporation Name

KDI SYLVAN POOLS, INC.

Principal Place of Business	Mailing Address
ROUTE 611 DOYLESTOWN PA 18901	ROUTE 611 DOYLESTOWN PA 18901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1974**
3a. Date of Last Report: **08/15/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **23-1720390**	☐ Applied For ☐ Not Applicable
21	26 P. O. Box 1449		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 ROUTE 611	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 DOYLESTOWN, PA	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / County 25	Zip 29 PA 18901 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 name changed.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PRESIDENT, TREASURER	☒ Change ☐ Addition
NAME	CALVITTI, RAYMOND J	12 NAME		
STREET ADDRESS	ROUTE 611	13 STREET ADDRESS		
CITY-ST-ZIP	DOYLESTOWN PA 18901	14 CITY-ST-ZIP		
TITLE	V	21 TITLE		☐ Change ☐ Addition
NAME	ZABERER, RONALD A	22 NAME		
STREET ADDRESS	ROUTE 611	23 STREET ADDRESS		
CITY-ST-ZIP	DOYLESTOWN PA 18901	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	LANGNER, KEVAN K	32 NAME		
STREET ADDRESS	3975 MCMANN ROAD	33 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45245	34 CITY-ST-ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	BYER, P. ROGER	42 NAME		
STREET ADDRESS	60 S. JEFFERSON ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	WHIPPANY NJ 07981	44 CITY-ST-ZIP		
TITLE		51 TITLE	VICE PRESIDENT	☐ Change ☒ Addition
NAME		52 NAME	THOMAS J. ROACH JR.	
STREET ADDRESS		53 STREET ADDRESS	ROUTE 611, P.O.BOX 1449	
CITY-ST-ZIP		54 CITY-ST-ZIP	DOYLESTOWN, PA 18901	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: Thomas J. Roach — 4/27/95 — 215-348-6011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488383 FN