

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
 1996



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

DOCUMENT # **F06300** (0)

1. Corporation Name
SUMMIT POOL SUPPLIES INC.



Principal Place of Business Mailing Address
GROVER CLEVELAND BLVD.
P O BOX 126
CRYSTAL RIVER FL 34423
US

3. Date Incorporated or Qualified **11/20/1980** 3a. Date of Last Report **05/01/1995**
 4. FEI Number **59-2091311** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
HAWKES, PAUL
7655 W GULF TO LAKE HWY STE 13
CRYSTAL RIVER FL 32629

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 *Frank Strifler* **FRANK STRIFLER** Date

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	STRIFLER, FRANK
STREET ADDRESS	5841 W GULF TO LK
CITY - ST - ZIP	CRYSTAL RIVER FL
TITLE	V <input type="checkbox"/> DELETE
NAME	STRIFLER, FRANK III
STREET ADDRESS	33 CHINABERRY CIRCLE
CITY - ST - ZIP	HOMOSASSA FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	PATRICK, DOROTHY
STREET ADDRESS	3806 N WOODGATE
CITY - ST - ZIP	BEVERLY HILLS FL
TITLE	T <input type="checkbox"/> DELETE
NAME	STRIFLER, MARK J.
STREET ADDRESS	5841 W GULF TO LK, HWY.
CITY - ST - ZIP	CRYSTAL RIVER FL
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

11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	S Juli A STRIFLER
13 STREET ADDRESS	5641 W GULF TO LK HWY
14 CITY - ST - ZIP	CRYSTAL RIVER FL
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 if changed, or on an attachment with an address.

SIGNATURE: *Frank Strifler* **FRANK STRIFLER** 352 628 6666
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 7-24-96

CR2E034 (3/96)