## 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

DOCUMENT # F06300

(0)

SUMMIT POOL SUPPLIES INC.

FILED
May 01 1997 8:00am
Secretary of State



GROVER CLEVELAND BLVD. P O BOX 126 CRYSTAL RIVER FL 34423 US  2. Principal Place of Business 21 Suite, Apt. #, etc.		GROVER CLEVELAND BLVD. P O BOX 126 CRYSTAL RIVER FL 34423-0126 US  2a. Mailing Address 26 Suite, Apt #, etc.			3. Date Incorporated or Qualified 11/20/1980 3a. Date of Last Report 07/30/1996  4. FEI Number Applied For Security Not Applied For Security Securi				
City & Sta	if()	[27] City	& State	· · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing			e Required  OO May Be
23		28				Trust Fund Contribution			ded to Fees
Zip	Country	Zip		Country		8. This corporation has liability for in			er s. 199.032,
24	25	29		30			Yes		
	g. Name and Address of Curren	it Registered	Agent	81	Name	10. Name and Address of New Re	pistered A	gent	
765	WKES, PAUL 55 W GULF TO LAKE HWY STE 1 YSTAL RIVER FL 32629	3		62 83		dress (P.O. Box Number is Not Acceptab	le)		
				84	City		FL	85	Zip Code
SIGNATURE		int and little if applic	catile (NO			poration submits this statement for the pation's board of directors. I hereby acceptived when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TELF	S	DINECTOR	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Ens And	Chai	
NAME STREET ADDRESS CITY - \$1 - ZIP	STRIFLER, JULI A. 5641 W. GULF TO LK. HWY. CRYSTAL RIVER FL		_	1.2 NAME 1.3 STREET 1.4 City-5					
TOLE  NAME  STREET ADDRESS  CITY-ST-ZIP	V STRIFLER, FRANK III 33 CHINABERRY CIRCLE HOMOSASSA FL		DELETE	2.1 TATLE 2.2 NAME 2.3 STREET 2.4 CITY-1				Char	nge [_] Additi
TITLE	1		DELETE	3 1 TITLE				Cha	nge Additi
NAME	STRIFLER, MARK J.			32 NAME					
STREET ADORESS				3 3 STREET	1				
CITY-ST-ZIP	CRYSTAL RIVER FL		DELETE	3.4. CITY -	ST-ZIP			☐ Cha	nge 🔲 Additi
TITLE			F" DECEIE	4.1 TITLE 4.2 NAME				LI UIG	iğe [] Müüli
NAME CERCET - PROCESS					ADDRESS				
STREET ADDRESS				4.3 STREET					
CITY - ST - ZIP THLE			DELETE	5.1 TITLE	71 - £4F			Cha	nge 🔲 Addit
NAME				5.2 NAME	1		,		J
STREET ADDRESS				5.3 STREET	ADDRESS				
				5.4 CITY-5					
CITY-ST-ZIP TITLE			DELETE	6.1 TITLE	91-21F			Cha	nge Additi
			Las Dicere	•	}		1	V1 MI	-B- Friend
NAME PROFEE ASSOCIATION				6.2 NAME	ADDRESS				
STREET ADORESS				6.3 STREET	ļ				
CITY ST 7/2	1			64 CITY+	I-ZIP				

14. If 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, if 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 eath; 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

MARY STRIFTER

4-26-97

352-628-66ddb