

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F25467** (4)

1. Corporation Name
HOUSE OF HOT TUBS, INC.



Principal Place of Business: **5416 WEST LINEBAUGH TAMPA FL 33624**
Mailing Address: **5416 WEST LINEBAUGH TAMPA FL 33624**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-29) fields with sub-headers for Suite/Apt #, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **03/16/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2072548**
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. 190.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent
**COLEGROVE, JACQUELYNE F.
10403 WILLOWBRAE DRIVE
TAMPA FL 33624**

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 607.0507 and 607.1505, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEGROVE, JACQUELYNE F.	2. NAME	
STREET ADDRESS	10403 WILLOWBRAE DRIVE	3. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	4. CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEGROVE, LESLIE H.	6. NAME	
STREET ADDRESS	10403 WILLOWBRAE DR.	7. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	8. CITY-STATE-ZIP	
TITLE	V <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEGROVE, BRYAN A.	10. NAME	
STREET ADDRESS	3416 TOWNHOUSE CT.	11. STREET ADDRESS	
CITY-STATE-ZIP	TAMPA FL	12. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-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 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: *Jacqueline Colegrove* 4/22/96 813-962-8061
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)