

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAR 21 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F48273 (9)**

1. Corporation Name  
**DIXIE BLUE POOLS, INC.**

Principal Place of Business <b>CLARENCE M COCHRANE 1103 N.E. 118TH ST NORTH MIAMI FL 33161</b>	Mailing Address <b>CLARENCE M COCHRANE 1103 N.E. 118TH ST NORTH MIAMI FL 33161</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/18/1981</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2120720</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent  
**COCHRANE, CLARENCE M  
1103 N.E. 118TH ST  
NORTH MIAMI FL 33161**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

TITLE <b>DP</b>	NAME <b>COCHRANE, CLARENCE M</b>
STREET ADDRESS <b>1103 N E 118TH ST</b>	CITY - ST - ZIP <b>NORTH MIAMI, FL 00000</b>
TITLE <b>T</b>	NAME <b>COCHRANE, MARY</b>
STREET ADDRESS <b>1103 NE 118 ST.</b>	CITY - ST - ZIP <b>NORTH MIAMI FL</b>
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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: *Clarence M. Cochran* **CLARENCE M COCHRANE PRESIDENT** 3/15/95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in Block 8)