4-12-95 B-3377-C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 10:34

DOCUMENT # **F94000006304 (9)**

1. Corporation Name
SOUTH CENTRAL POOL SUPPLY, INC.

Principal Place of Business	Mailing Address
128 NORTHPARK BLVD. COVINGTON LA 70433-5070	128 NORTHPARK BLVD. COVINGTON LA 70433-5070

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 36-3926337 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 Country — 25
Zip — 29 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA ST.
TALLAHASSEE FL 32301

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1 1 TITLE	☐ Change ☐ Addition
NAME	ST. ROMAIN, FRANK J	1 2 NAME	
STREET ADDRESS	128 NORTHPARK BLVD.	1 3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON LA 70433-5070	1 4 CITY-ST-ZIP	
TITLE	ST	2 1 TITLE	☐ Change ☐ Addition
NAME	VAN DYKE, MAURICE D	2 2 NAME	
STREET ADDRESS	128 NORTHPARK BLVD.	2 3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON LA 70433-5070	2 4 CITY-ST-ZIP	
TITLE	VAS	3 1 TITLE	☐ Change ☐ Addition
NAME	GOTSCH, PETER	3 2 NAME	
STREET ADDRESS	10 S. WACKER DR.	3 3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	3 4 CITY-ST-ZIP	
TITLE	VD	4 1 TITLE	☐ Change ☐ Addition
NAME	CODE, ANDREW W	4 2 NAME	
STREET ADDRESS	10 S. WACKER DR.	4 3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	4 4 CITY-ST-ZIP	
TITLE	V	5 1 TITLE	☐ Change ☐ Addition
NAME	POLIZZOTTO, RICHARD P	5 2 NAME	
STREET ADDRESS	128 NORTHPARK BLVD.	5 3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON LA 70433-5070	5 4 CITY-ST-ZIP	
TITLE	C	6 1 TITLE	☐ Change ☐ Addition
NAME	SEXTON, WILSON B	6 2 NAME	
STREET ADDRESS	128 NORTHPARK BLVD.	6 3 STREET ADDRESS	
CITY-ST-ZIP	COVINGTON LA 70433-5070	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 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 if changed, or on an attachment with an address.

SIGNATURE: Maurice D Van Dyke Secretary/Treasurer 4/5/95 (504)892-5521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Maurice D Van Dyke

0490361 FN