FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F94000006304 (9)**

1. Corporation Name
SOUTH CENTRAL POOL SUPPLY, INC.

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

Mailing Address
128 NORTHPARK BLVD.
COVINGTON LA 70433-5070

3. Date Incorporated or Qualified: **12/09/1994**
3a. Date of Last Report: **04/12/1995**

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

4. FEI Number: **36-3926337** 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

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 _____ (N.B. Registered Agent Signature required when resigning) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	☐ DELETE	1.1 TITLE	PCEOD	☑ 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	☐ DELETE	2.1 TITLE	STCFO	☑ 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	☐ DELETE	3.1 TITLE	D	☑ 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	☐ DELETE	4.1 TITLE	D	☑ 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	☐ DELETE	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	☐ DELETE	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)(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: _____ 5/17/96 504-892-5521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Maurice D Van Dyke

CR2E034 (12/95)