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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

109 NORTH PARK BLVD.  
SUITE 401  
COVINGTON LA 70433-5001

Mailing Address

109 NORTH PARK BLVD.  
SUITE 401  
COVINGTON LA 70433-5001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1994

4. FEI Number

36-3926337

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

Signature typed or printed name of registered agent and block if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PCEO  
ST. ROMAIN, FRANK J  
128 NORTH PARK BLVD.  
COVINGTON LA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STD  
VAN DYKE, MAURICE D  
128 NORTH PARK BLVD.  
COVINGTON LA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
GOTSCH, PETER  
10 S. WACKER DR.  
CHICAGO IL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
CODE, ANDREW W  
10 S. WACKER DR.  
CHICAGO IL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
POLIZZOTTO, RICHARD P  
128 NORTH PARK BLVD.  
COVINGTON LA 70433-5070

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

C  
SEXTON, WILSON B  
128 NORTH PARK BLVD.  
COVINGTON LA 70433-5070

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

109 Northpark Blvd.  
Covington, LA

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

ST  
Hubbard, Craig K.  
109 Northpark Blvd.  
Covington, LA

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

109 Northpark Blvd.  
Covington, LA

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

109 Northpark Blvd.  
Covington, LA

14. I hereby certify that the information supplied with this filing 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

4/11/98

4/22/98

CR2E034 (10/97)