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**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 JUN 30 AM 9: 04

**DOCUMENT # F96604 (6)**

1. Corporation Name  
**DIXIE POOLS & SPAS, INC.**

Principal Place of Business: **4300 LB MCLEOD RD ORLANDO FL 32811**  
Mailing Address: **4300 LB MCLEOD RD ORLANDO FL 32811**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/24/1982** 3a. Date of Last Report: **02/18/1994**

2. Principal Place of Business: **21 3777 N JOHN YOUNG PKWY** 2b. Mailing Address: **3777 N JOHN YOUNG PKWY** 4. FEI Number: **59-2223766** Applied for:  Not Applicable:

22. Suite, Apt. #, etc.: **22** 27. Suite, Apt. #, etc.: **27** 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. City & State: **ORLANDO FL** 28. City & State: **ORLANDO FL** 6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**

24. Zip: **32804** 25. Country: **ORANGE** 29. Zip: **32804** 30. Country: **ORANGE** 8. This corporation has liability for intangible tax under S. 199.037, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **CRAN, JAMES R. 4300 L. B. MCLEOD ROAD ORLANDO FL 32811**  
10. Name and Address of New Registered Agent: **81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 3777 N JOHN YOUNG PKWY 83 84 City: FL 85 Zip Code: 32804**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>P</b>	NAME: <b>CRAN, JAMES R</b>	1. TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: <b>4300 L. B. MCLEOD ROAD</b>	CITY, ST, ZIP: <b>ORLANDO FL</b>	2. NAME: <b>3777 N JOHN YOUNG PKWY</b>	
		3. STREET ADDRESS: <b>ORLANDO FL 32804</b>	
		4. CITY, ST, ZIP: <b>ORLANDO FL 32804</b>	
TITLE:	NAME:	21. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY, ST, ZIP:	22. NAME:	
		23. STREET ADDRESS:	
		24. CITY, ST, ZIP:	
TITLE:	NAME:	31. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY, ST, ZIP:	32. NAME:	
		33. STREET ADDRESS:	
		34. CITY, ST, ZIP:	
TITLE:	NAME:	41. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY, ST, ZIP:	42. NAME:	
		43. STREET ADDRESS:	
		44. CITY, ST, ZIP:	
TITLE:	NAME:	51. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY, ST, ZIP:	52. NAME:	
		53. STREET ADDRESS:	
		54. CITY, ST, ZIP:	
TITLE:	NAME:	61. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY, ST, ZIP:	62. NAME:	
		63. STREET ADDRESS:	
		64. CITY, ST, ZIP:	

14. I do hereby certify that the information supplied with this report 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, 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 in my attachment with an address.

SIGNATURE: **J R CRAN**  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

1-20-95 401-298-9159  
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