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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

1. Corporation Name

F96604

(6)

DIXIE POOLS & SPAS, INC.

FILED May 22 1996 8:00 am Secretary of State

Suite, Apt. #, etc. Suite, Apt. #, etc.
ORLANDO FL 32804 US 3. Date Incorporated or Qualified 08/24/1982 06/30/1995 2. Principal Place of Business 26 2a. Mailing Address 59-2223786 4. FEI Number 59-2223786 Not Applied For Not Applicable Suite, Apt. #, etc. 22. Suite, Apt. #, etc. 23. Suite, Apt. #, etc. 24. Suite, Apt. #, etc. 25. Certificate of Status Desired 55. Certificate of Status Desired 55. Page 17-ust Fund Contribution 55. Not May Be Added to Fees Added to Fees Added to Fees 59. Not Applicable Suite, Apt. #, etc. 26. Election Campaign Financing 7-ust Fund Contribution 7-ust Fund C
3. Date Incorporated or Qualified 08/24/1982 06/30/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2223786 Not Applied For 26 Suite, Apt. #, etc. 59-2223786 Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required City & State City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 29 Solution Solutio
21 26 59-223786 Not Applicable Suite, Apt. #, etc. 22 27 5. Certificate of Status Desired
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country B. This corporation has liability for intangible tax unders 199,032, Florida Statutes Fee Required Fee Survey Florida Statutes Fee Required Fee Survey
22 City & State City & State 28 Country 29 Country 29 State 29 30 State 29 State Country 29 Country 29 State 29 State Country 29 State 29 State Country 30 State Country 30 State St
23 28 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 30 8. This corporation has liability for intangible tax unclers 199.032, Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CRAIN, JAMES R. 3777 N JOHN YOUNG PKWY ORLANDO FL 32804 83 Street Address (P.O. Box Number is Not Acceptable) 35.00 May Be Trust Fund Contribution Added to Fees 86. This corporation has liability for intangible tax unclers 199.032, Florida Statutes Yes No 87. Name and Address of New Registered Agent 88. This corporation has liability for intangible tax unclers 199.032, Florida Statutes Yes No 9. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. This corporation has liability for intangible tax unclers 199.032, Florida Statutes Yes No 9. Name and Address of New Registered Agent 84. Street Address (P.O. Box Number is Not Acceptable)
Zip Country Zip Country Zip Country Sip Country Sip Country Sip Country Sip Sign Sign Sign Sign Sign Sign Sign Sign
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CRAIN, JAMES R. 3777 N JOHN YOUNG PKWY ORLANDO FL 32804 82 Street Address (P.O. Box Number is Not Acceptable) 83 83
CRAIN, JAMES R. 3777 N JOHN YOUNG PKWY ORLANDO FL 32804 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 83
CRAIN, JAMES R. 3777 N JOHN YOUNG PKWY ORLANDO FL 32804 82 Street Address (P.O. Box Number is Not Acceptable) 83
3777 N JOHN YOUNG PKWY ORLANDO FL 32804 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 607.0506, Florida Statutes.
SIGNATURE.
Spraturu, types or pended name of registered reject and other a generality (MOTE Registered Apent signature registed when refristelring) DATE 12. OFFICERS AND DIRECTORS 1.12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TILE P DELETE 1.1 TITLE CADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME CRAIN, JAMES R 1.2 NAME
STREET ADDRESS 3777 N JOHN YOUNG PKWY 1.3 STREET ADDRESS
CITY-ST-ZIP ORLANDO FL 1.4 CITY-ST-ZIP
TITLE
NAME 22 NAME
STREET ADDRESS 23 STREET ADDRESS
C Y-S1-Z P
Name Addition
Atorics Industria
SIREET ADDRESS GHY-ST-ZIP 3.3 STREET ADDRESS 3.4 CHY-ST-ZIP
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NAME 42 NAME
STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY - ST - ZIP 5.4 CITY - ST - ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME. 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
64 CITY-ST-ZIP 14. I do hereby certify that the information supplies 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 by this z qual 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 conjugation 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 dianget, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-298-5159