200	UNIFORM BUSI	NESS REPO	KT (UI	SK)				
DOCUMENT # F96604 1. Entity Name								
DIXIE POOLS & SPAS, INC.					FILED			
Principal Place of Business Mailing Address					01 SEP 25 AM 10:41			
3777 N JOHN YOUNG PKWY ORLANDO FL 32804 US		3777 N JOHN YOUNG PKWY ORLANDO FL 32804 US			SECRETERY DE STATE TALEAHASSEE, FEORIDA			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			emstatem	LIN THIS SPACE	100	
City & State		City & State			4. FEI Number 59-2223786	A	pplied For lot Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current R	legistered Agent			7. Name and Address of New R	egistered Agent		
STEINHAYER, JAMES E 3777 N JOHN YOUNG PKWY ORLANDO FL 32804				e Jame et Address (P	O. Box Number is Not Acceptable	PKWY		
UNLANDO FE 32004			City	Cland	o FL	FL Zip Cod	de 4	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Progretered Agent signature required when reinstating)								
-9.—This corporation is eligible to satisfy its Intangible — FILE NOW!!!—FILE NOW!!! **The Now!! **The Now!!			, 2001 Fee wi	II be \$750.00			00 May Be d to Fees	
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT THOMPSON, MARTIN 3777 N JOHN YOUNG PKWY ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	9000046 -10/03/	☐ Change	□ Addition \$\frac{3}{2}\$	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STEINHAUER, JAMES E 3777 N JOHN YOUNG PKWY ORLANDO FL 32804	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS	- parameter	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRES CITY-ST-ZIP	SS	1 9	☐ Change	Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME	₂₀		☐ Change	☐ Addition	
CITY-ST-ZIP			STREET ADDRES	55	ren sa	5-2-12-1-12-12-12-12-12-12-12-12-12-12-12		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss		- Change	☐ Addition \	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS		_ Change	Addition	
13. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayline Phone #								