

FILE NOW. FILING FEE AFTER MAY 1 IS \$550.00

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FILED

Jul 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G63303
1. Corporation Name

Freestyle Custom Pools, Inc.

Principal Place of Business	Mailing Address
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3. Date incorporated or Qualified 1985	3a. Date of Last Report January, 1997
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2. Principal Place of Business 21 1631 W. Gulf to Lake Hwy. Suite, Apt. #, etc. 22 City & State 23 Lecanto, FL Zip 24 34461	2a. Mailing Address 26 1631 W. Gulf to Lake Hwy. Suite, Apt. #, etc. 27 City & State 28 Lecanto, FL Zip 29 34461	Country 25 Citrus 30 Citrus
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4. FEI Number 59-2342312	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent Sue Mains 1663 W. Gulf to Lake Highway Lecanto, Florida 34461
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10. Name and Address of New Registered Agent 81 Name Ralph Bastress 82 Street Address (P.O. Box Number is Not Acceptable) 1631 W. Gulf to Lake Highway 83 84 City Lecanto 85 Zip Code FL 34461

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 Ralph Bastress President Ralph Bastress 7/14/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		<input checked="" type="checkbox"/> DELETE
TITLE	President/Director/Secretary	
NAME	Sue Mains	
STREET ADDRESS	1663 W. Gulf to Lake Highway	
CITY-ST-ZIP	Lecanto, FL 34461	<input type="checkbox"/> DELETE
TITLE	Director - Phil Mains	
NAME	1663 W. Gulf to Lake Highway	
STREET ADDRESS	Lecanto, Florida 34461	
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.1 TITLE	President/Secretary/Treasurer/Director	
1.2 NAME	Ralph Bastress	
1.3 STREET ADDRESS	1631 W. Gulf to Lake Highway	
1.4 CITY-ST-ZIP	Lecanto, FL 34461	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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: Ralph Bastress Ralph Bastress 7/14/97 352 746 6869
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)