


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 07 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham,</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H06479 (0)**  
 1. Corporation Name  
**POOL DOCTOR SERVICE & SUPPLIES, INC.**



Principal Place of Business <b>2104 DEL PRADO BOULEVARD. #1 CAPE CORAL FL 33990</b>	Mailing Address <b>2104 DEL PRADO BOULEVARD. #1 CAPE CORAL FL 33990</b>
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DO NOT WRITE IN THIS SPACE

<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt. #, etc	<b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>06/05/1984</b>	
<b>4.</b> FEI Number <b>59-2411382</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b> <b>HARGREAVES, GARY A. 3313 SE 22ND PLACE CAPE CORAL FL 33904</b>	<b>81</b> Name
	<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
	<b>83</b>
	<b>84</b> City
	<b>FL</b> <b>85</b> Zip Code

<b>10. Name and Address of New Registered Agent</b>
<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE **4/3/98**

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>HARGREAVES, GARY A.</b>
STREET ADDRESS	<b>3313 SE 22ND PLACE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE
NAME	<b>HARGREAVES, DELLA L.</b>
STREET ADDRESS	<b>3313 SE 22ND PLACE</b>
CITY-ST-ZIP	<b>CAPE CORAL FL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>HICKS, TRACEE L.</b>
STREET ADDRESS	<b>21941 MAYFIELD LANE</b>
CITY-ST-ZIP	<b>BARRINGTON IL</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE
NAME	<b>HARGREAVES, JOHN T.</b>
STREET ADDRESS	<b>24171 BECARD LANE</b>
CITY-ST-ZIP	<b>LAGUNA NIQUEL CA</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**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.

*Della L. Hargreaves* 941-...  
 [Signature]

CR2E034 (10/97)