


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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90092 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H28919 1. Corporation Name JACKSON POOLS, INC.					
Principal Place of Business 24017 PRODUCTION CIR A BONITA SPRINGS FL 34135 US			Mailing Address P O BOX 1140 ESTERO FL 33928 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/05/1984	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2476316	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		30	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25		30		9. Name and Address of Current Registered Agent	
Country		Country		10. Name and Address of New Registered Agent	
26		31		81	
Country		Country		82	
27		32		83	
Country		Country		84	
28		33		85	
Country		Country		86	
29		34		87	
Country		Country		88	
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32		37		93	
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33		38		95	
Country		Country		96	
34		39		97	
Country		Country		98	
35		40		99	
Country		Country		100	

DO NOT WRITE IN THIS SPACE



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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
2.1 TITLE		2.2 NAME	
2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
3.1 TITLE		3.2 NAME	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4.1 TITLE		4.2 NAME	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5.1 TITLE		5.2 NAME	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6.1 TITLE		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, with all other like empowered.

SIGNATURE: 
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)