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

CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS (9) DOCUMENT # **J90626** POOL CARE SPECIALISTS, INC. Principal Place of Business Mailing Address 190 CARISSA DR. 190 CARISSA DR. SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937-3303 3. Date Incorporated or Qualified 3a. Date of Last Report 09/03/1987 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-2851117 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Z_{10} Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CROUCH, PETER C. 190 CARISSA DR. Street Address (P.O. Box Number is Not Acceptable) SATELLITE BEACH FL 32937 83 84 City 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, typics or printed havie of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition THLE 11 TITLE CROUCH, PETER C. 1.2 NAME NAME 190 CARISSA DR. STREET ADDRESS 1.3 STREET ADDRESS SATELLITE BEACH FL CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE Change Addition TIFLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-2H 2. 4 CITY - ST - ZIP DELETE Change Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST ZIP 3.4 CITY - ST- ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CRY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-SI ZIF DELETE Change Addition THILE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS COLY-ST-ZIP 6.4 CITY - ST - ZIP 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 receipt or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block

Davime Phone #

Date

FILED

Jan 27 1997 8:00am

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