SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

WINTER SPRINGS FL 32708

SIGNATURE.

% GREGORY L. WINGO

1103 FRANCISCO WÁY



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K59201

(9)

Mailing Address

% GREGORY L. WINGO

1103 FRANCISCO WAY

WINTER SPRINGS FL 32708

BIG SPLASH POOLS & SPAS, INC.

 Jul 22 1998 8:00am
 Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

FILED

							01/18/1989		
2. Principal Place of Business			2a. Mailing Addre	2a. Mailing Address			4. FEI Number	Applied For	
21			26	26			59-2929674	Not Applicable	
Sulte, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	te		City & State	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip		Country	Zip		Country		8. This corporation owes or has paid the co		
24		25	29	30) ´		Personal Property Tax due June 30.	Yes No	
	9. Name	and Address of Curr	ent Registered Agent		····		10. Name and Address of New Registere	d Agent	
WIN	GO, GREGO	ORY L.			81	Name			
1103 FRANCISCO WAY						CO Charles (D.O. Day Marshar Is Mid Associable)			
		GS FL 32708			82	82 Street Address (P.O. Box Number Is Not Acceptable)			
*****		00 12 02100			83				
					ļ.,				
					84	City	F	85 Zip Code	
11. Pursuani	t to the provis	ions of sections 607.0	502 and 607.1508. Florida	Statutes th	e above-	named corno	oration submits this statement for the purpose of	changing its registered	
office or	registered ac	ent, or both, in the Sta	ite of Florida. Such chance	ge was autho	orized by	the corporat	ion's board of directors. I hereby accept the app	ointment as registered	
i agent. I a	am fa mi liar w	rith, and accept the obl	igations of, section 607.0	505, Florida	Statutes	i.			
SIGNATURE	Signature book	or printed name of registered a	nent and title if annicable	(NOTE: E	Renistered A	gent signature rec	Quired when reinstating) DATE		
12.	Signature, types		AND DIRECTORS	(PQ) L. P	13.	gent algination rec	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	DPS	0,102.00.		LETE	1.1 TITLE		7,007,101,010,011,020,10	Change Addition	
NAME		Bregory L.	L UE:	TE I E	1.2 NAME			Cualibe - Addition	
STREET ADDRESS		INCISCO WAY		1	1.3 STREET	*DD0CCC			
		SPRINGS FL		1					
CITY-ST-ZIP TITLE	*******	21 1111CO 1 E	——————————————————————————————————————		1.4 CITY-ST 2.1 TITLE	-211			
1			L DEI	LC IC				Change Addition	
NAME					2.2 NAME				
STREET ADDRESS					2.3 STREET				
CITY-ST-ZIP					2.4 CITY-ST	-ZIP			
TITLE			L DE		3.1 TITLE			Change Addition	
NAME					3.2 NAME				
STREET ADDRESS					3.3 STREET				
CITY-ST-ZIP					3.4 CITY-ST	-ZIP			
TITLE			L DEI	LETE	4.1 TITLE]		Change Addition	
NAME					4.2 NAME			ļ	
STREET ADDRESS]			1	4.3 STREET	ADDRESS			
CITY-ST-ZIP					4.4 CITY-ST	-ZIP			
TITLE			DE	LETE	5.1 TITLE]		Change Addition	
NAME					5.2 NAME	İ			
STREET ADDRESS					5.3 STREET	ADDRESS			
CiTY-ST-ZIP					5.4 CITY-ST	-ZIP			
TITLE			DE	LETE	6.1 TITLE			Change Addition	
NAME	-				6.2 NAME			_ : : : : : : : : : : : : : : : : :	
STREET ADDRESS					6.3 STREET	ADDRESS			
CITY-ST-ZIP					64 CITY-ST	- 1			

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.

SULLINE REQUIRED

7-15-92

(407) 365-5591

22E034 (5/98)