

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

FILED
Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K72392 (9)
 1. Corporation Name
POOLS UNLIMITED, INC.



Principal Place of Business 603 BARKFIELD STREET BRANDON FL 33511-4119	Mailing Address 603 BARKFIELD STREET BRANDON FL 33511-4119
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/08/1989	
21 1007 N. Lenna Ave	26 P.O. Box 2775	4. FEI Number 59-2940291		Applied For Not Applicable	
22 Seffner, FLA.	27 BRANDON, FLA.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 33584	28 33509	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33584	25 USA	29 33509		30 USA	
9. Name and Address of Current Registered Agent MCCANDLESS, RANDALL T. 603 BARKFIELD STREET BRANDON FL 33511				10. Name and Address of New Registered Agent	

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 1007 N. Lenna Ave
83 City	Seffner, FLA. 33584
84 City	FL
85 Zip Code	33584

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, 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 607.1505, Florida Statutes.
 SIGNATURE: *Randall T. McCandless* President **3/27/98**
Signature, typed or printed name of registered agent and title of appointment (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCANDLESS, RANDALL T.	1.2 NAME	
STREET ADDRESS	603 BARKFIELD STREET	1.3 STREET ADDRESS	1007 N Lenna Ave
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	Seffner, FLA 33584
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCANDLESS, WINIFRED R.	2.2 NAME	
STREET ADDRESS	603 BARKFIELD STREET	2.3 STREET ADDRESS	1007 N. Lenna Ave.
CITY-ST-ZIP	BRANDON FL	2.4 CITY-ST-ZIP	Seffner, FLA 33584
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAHON, ETTIE LOUISE	3.2 NAME	
STREET ADDRESS	936 BENNINGTON DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Randall T. McCandless Pres.* **3/27/98** **813-689-7665**

CR2E034 (10/97)