SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **APPROVED PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 1996 AUG 23 PM 3= 35 DIVISION OF CORPORATIONS DOCUMENT # L40970 SECRETARY OF STATE TALLAHASSEE, FLORIDA (0) R & K CUSTOM POOLS, INC. Principal Place of Business Mailing Address 8521 79TH AVE., N 8521 79TH AVE., N SEMINOLE FL 34847 SEMINOLE FL 34647 3. Date Incorporated or Qualified 3a. Date of Last Report 01/02/1990 06/19/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 1300 5. 59-2981716 Not Applicable Suite, Apt #, etc Suite, Ant. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199 032 Florida Statutes Yes No 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name BERGHOEFER, RUSSELL 8521 79TH AVE., N 82 Street Address (P.O. Box Number is Not Acceptable) **SEMINOLE FL 34747** 83 City 84 85 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed harne of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE PD DELETE 1.1101;6 Change Addition NAME BERGHOEFER, RUSSELL 1.2 NAME **CR2E034** STREET ADDRESS 8521 79TH AVE., N 1.3 STREET ADDRESS DITY-ST-ZIP <u>SEMINOLE FL</u> 14 CITY - ST - ZIP TITLE VST DELETE 21 THLE Change Addition NAME BERGHOEFER, RUSSELL 2.2 NAM9 400001932594 8521 79TH AVE., N STREET ADDRESS 2.3 STREET ADORESS -08/27/96 --01065 -- 014 SEMINOLE FL CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY - ST - ZIP TITLE DELETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CiTy - ST - ZiP TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 City - ST- ZIP TITLE DELETE 61 TrTLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address. NATURE AND TYPE DAPPRINTED NAME OF SIGNING OFFICER OR DIRECTOR