


FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Apr 25 1997 8:00am Secretary of State	
DOCUMENT # L55147 (7)					
1. Corporation Name POOLMASTERS OF GULF COAST, INC.					
Principal Place of Business 4370 SO. TAMiami TRAIL SUITE 106 SARASOTA FL 34231 US			Mailing Address PO BOX 18382 C/O DEAN HUNTER SARASOTA FL 34276-1382 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 7724 FORT WORTH ST 23 City & State 24 Zip 25 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		
3. Date Incorporated or Qualified 03/06/1990			3a. Date of Last Report 05/01/1996		
4. FEI Number 65-0174240			Applied For Not Applicable		
5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution			\$8.75 Additional Fee Required \$5.00 May Be 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 HUNTER, DEAN 2724 FORT WORTH STREET SARASOTA FL 34231			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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. 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 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 CITY-ST-ZIP 1.6 CITY-ST-ZIP 1.7 CITY-ST-ZIP 1.8 CITY-ST-ZIP 1.9 CITY-ST-ZIP 1.10 CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 CITY-ST-ZIP 2.6 CITY-ST-ZIP 2.7 CITY-ST-ZIP 2.8 CITY-ST-ZIP 2.9 CITY-ST-ZIP 2.10 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 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: DEAN HUNTER VP 4/18/97 941/925-3529 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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