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FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L74758 (8)

1. Corporation Name
TIMWAY POOLS, INC.

Principal Place of Business
C/O KENT J. ANDERSON
8075 S. BENEVA RD., SUITE 6
SARASOTA FL 34238

Mailing Address
C/O KENT J. ANDERSON
8075 S. BENEVA RD., SUITE 6
SARASOTA FL 34238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 20684 Suite, Apt. #, etc. 22 City & State 23 Sarasota, FL Zip 24 34276		2a. Mailing Address 26 P.O. Box 20684 Suite, Apt. #, etc. 27 City & State 28 Sarasota, FL Zip 29 34276		3. Date Incorporated or Qualified 05/16/1990 4. FEI Number 65-0195844 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
9. Name and Address of Current Registered Agent ANDERSON, KENT J. 8075 S. BENEVA RD. SUITE 6 SARASOTA FL 34238		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7101 S. Tamiami Trail, Suite A 83 84 City Sarasota 85 Zip Code FL 34231		Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	MILLIGAN, LEONARD W.	1.2 NAME	
STREET ADDRESS	9023 RED CEDAR CIR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	
NAME	MILLIGAN, TIMOTHY E.	2.2 NAME	
STREET ADDRESS	2805 HERMITAGE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

[Handwritten Signature] 4/30/98 2:43 PM 9700

CR2E034 (10/97)