

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

FILED

Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M65943** (6)

1. Corporation Name
CUSTOM POOLS & SHOTCRETE, INC.

Principal Place of Business
**17914 HIGHWAY 41 NORTH
LUTZ FL 33549**

Mailing Address
**17914 HIGHWAY 41 NORTH
LUTZ FL 33549-7821**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1988	3a. Date of Last Report 04/12/1996
21 1529 TOUCHTON RD.	26 1529 TOUCHTON RD.	4. FEI Number 59-2870002		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State LUTZ, FL		27 City & State LUTZ, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip 33549	25 Country	28 Zip 33549	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BARTHOLOMEW, SANDRA L. 17914 HWY 41 N LUTZ FL 33549		10. Name and Address of New Registered Agent	
81 Name BARTHOLOMEW, SANDRA L.		82 Street Address (P.O. Box Number is Not Acceptable) 1529 TOUCHTON RD.	
83		84 City LUTZ	
		85 Zip Code FL 33549	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	11 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTHOLOMEW, PAUL L.		12 NAME BARTHOLOMEW, PAUL L.	
STREET ADDRESS 1529 TOUCHTON ROAD		13 STREET ADDRESS 1529 TOUCHTON RD	
CITY-ST-ZIP LUTZ FL		14 CITY-ST-ZIP LUTZ, FL	
TITLE SD	<input type="checkbox"/> DELETE	21 TITLE P/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTHOLOMEW, SANDRA L.		22 NAME BARTHOLOMEW, SANDRA L.	
STREET ADDRESS 1529 TOUCHTON ROAD		23 STREET ADDRESS 1529 TOUCHTON RD	
CITY-ST-ZIP LUTZ FL		24 CITY-ST-ZIP LUTZ, FL	
TITLE VD	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BARTHOLOMEW, EARL J.		32 NAME	
STREET ADDRESS 24928 AUDREY RD.		33 STREET ADDRESS	
CITY-ST-ZIP LAND-O-LAKES FL		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *Sandra L. Bartholomew* **Sandra L. Bartholomew** **2/19/97** **813-949-6220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)