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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000012801 (6)

CERTIFIED POOL SUPPLIES, INC.

Principal Place of Business Mailing Address 7449 W GULF TO LAKE HWY 7449 W GULF TO LAKE HWY CRYSTAL RIVER FL 34429-7842 CRYSTAL RIVER FL 34429 3. Date Incorporated or Qualified 3a. Date of Last Report 12/17/1992 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEt Number Applied For 59-3158662 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ZINN, JAYNE B 7449 W GULF TO LAKE HWY 82 Street Address (P.O. Box Number is Not Acceptable) CRYSTAL RIVER FL 34429 **B3** 84 City 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. Stignature, typical or printed riserie of registered agent and title if applicable. (NOTE: Repistered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change Addition THU ZINN, JAYNE B 12 NAME NAME 14N ROBINHOOD RD STREET ADDRESS 1.3 STREET ADDRESS **INVERNESS FL** 1.4 CITY - ST - ZIP CITY - ST - 24F DELETE Change Addition THEF 2.1 TITLE 2.2 NAME STREET ADORESS 2.3 STREET ADDRESS CDY - \$1 - 70 2. 4 CITY - ST - ZIP Change DELETE 3.1 TITLE Addition TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP City - \$1 - 74P DELETE Change Addition 7111.8 5.1 TITLE NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY-ST-ZIP CHY+SE-ZIP DELETE Change Addition THILE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

CITY: \$1. 7iP

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 it changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

FILED Apr 15 1997 8:00am Secretary of State

