

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000076197 (1)**

1. Corporation Name
A SPLASH ABOVE INC.



Principal Place of Business: **1337 DINSMORE CT NEW PORT RICHEY FL 34655**
Mailing Address: **1337 DINSMORE CT NEW PORT RICHEY FL 34655**

3. Date Incorporated or Qualified: **10/29/1993**
3a. Date of Last Report: **04/11/1995**
4. FEI Number: **59-3213727**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **1429 SAN CHARLES DR DUNEDIN, FL 34698**
2a. Mailing Address: **1429 SAN CHARLES DR DUNEDIN, FL 34698**
22. Suite, Apt. #, etc.: **DUNEDIN, FL 34698**
23. City & State: **DUNEDIN, FL 34698**
24. Zip: **34698**
25. Country: **USA**

9. Name and Address of Current Registered Agent:
**POWELL, RICKY
833 DOUGLAS AVE
DUNEDIN FL 34698**

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILKS, WILLIAM W	
STREET ADDRESS	1337 DINSMORE CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DARLING, BRUCE R	
STREET ADDRESS	3075 OVERLOOK PL	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	UMHOLTZ, ROBERT J	
STREET ADDRESS	1765 SANTA ANNA DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D SECY TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Umholtz, Robert J.	
3. STREET ADDRESS	1429 SAN CHARLES DR	
4. CITY-ST-ZIP	DUNEDIN, FL 34698	
5. TITLE	D VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	Umholtz, Robert J.	
7. STREET ADDRESS	1429 SAN CHARLES DR.	
8. CITY-ST-ZIP	DUNEDIN, FL. 34698	
9. TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	Umholtz, Robert J.	
11. STREET ADDRESS	1429 SAN CHARLES DR	
12. CITY-ST-ZIP	DUNEDIN, FL 34698	
13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		
15. STREET ADDRESS		
16. CITY-ST-ZIP		
17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY-ST-ZIP		

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 supplementary 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: William W. Wilks 2/28/96 813-376-6964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILKS, WILLIAM W. WILKS

CR2E034 (12/95)