

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 PM 3:17

DOCUMENT # P94000004008 (6)

1. Corporation Name
CENTURY POOLS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**2430 ESTANCIA BLVD.
SUITE 108
CLEARWATER FL 34621**

Mailing Address
**2430 ESTANCIA BLVD.
SUITE 108
CLEARWATER FL 34621**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/13/1994

3a. Date of Last Report

4. FEI Number
59-3218428

Applied For
Not Applicable

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
21 **2763 WESTCHESTER DR. SO.**
Suite, Apt. #, etc.
22 **CLEARWATER,**
City & State
23 **FLORIDA**

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.
27
City & State
28
Zip
29 **34621**
Country
25 **PINELLAS**
30

9. Name and Address of Current Registered Agent
**SCHAFFER, WALTER L. JR.
2430 ESTANCIA BLVD.
SUITE 108
CLEARWATER FL 34621**

10. Name and Address of New Registered Agent
81 Name **SAME AS CURRENT AGENT**
82 Street Address (P.O. Box Number is Not Acceptable)
IN #9
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 _____
Signature: typed or printed name of registered agent and fee if applicable; NOTE: Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, BILL C	12 NAME	
STREET ADDRESS	2763 WESTCHESTER DR. S.	13 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34621	14 CITY - ST - ZIP	
TITLE	D	21 TITLE	JOHN ROBERTSON JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTSON, JOHN JR.	22 NAME	
STREET ADDRESS	2204 VANDERVORT RD.	23 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL 33549	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	CHILKAZZI, RONALD JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHURAZZI, RONALD N	32 NAME	
STREET ADDRESS	2706 COUNTRYSIDE BLVD., #3	33 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34621	34 CITY - ST - ZIP	
TITLE	S	41 TITLE	SEC - TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON M. PHILLIPS	42 NAME	
STREET ADDRESS	2763 WESTCHESTER DR. SO	43 STREET ADDRESS	
CITY - ST - ZIP	CLEARWATER FL 34621	44 CITY - ST - ZIP	
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Sharon M. Phillips 17th, 23, 1995 813-796-1894
Signature and typed or printed name of signing officer or director

SHARON M. PHILLIPS