

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000004698 (4)
1. Corporation Name

ADVANCED POOL DESIGN OF NAPLES, INC.



Principal Place of Business

Mailing Address

1013 OAK FOREST DRIVE
NAPLES FL 33942

1013 OAK FOREST DRIVE
NAPLES FL 33942

2. Principal Place of Business

2a. Mailing Address

21 1013 OAK FOREST DR

26 7231 RADIO RD

Suite, Apt #, etc

Suite, Apt #, etc

22 522

23 NAPLES FL

28 NAPLES, FL

24 33942

25 US

29 33942

30 U.S.

3. Date Incorporated or Qualified

3a. Date of Last Report

01/07/1994

12/08/1995

4. FEI Number

Applied For

65-0462101

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THRELKELD, MICHAEL B
4800 ENTERPRISE AVE 1013 OAK FOREST DRIVE
NAPLES FL 33942

81 Name MICHAEL B THRELKELD (SAME)
82 Street Address (P.O. Box Number is Not Acceptable) 1013 OAK FOREST DRIVE
83
84 City NAPLES FL 85 Zip Code 33942

11. Pursuant to the provisions of Sections 607.0532 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 (Type the name of the registered agent if not applicable)

(If the Registered Agent's signature is required when not filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BENFORD, HOLLY
STREET ADDRESS 200 MISTY PINE CIR
CITY-ST-ZIP NAPLES FL 33942

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael B Threlkeld*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL THRELKELD 8/7/95 (941)352-6622
DATE DAY-MONTH-YEAR

CR2E034 (3/96)