

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000016208 (8)**

1. Corporation Name
MR. POOL LAKE LAND, INC.



Principal Place of Business 8190 US 19 NORTH PINELLAS PARK FL 34065	Mailing Address 8190 US 19 NORTH PINELLAS PARK FL 34065
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3216 US HWY 92 E Suite, Apt. #, etc.		2a. Mailing Address 26 8190 US HWY 19 N Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/25/1994	
22 City & State 23 LAKE LAND, FL Zip 24 33801		27 City & State 28 PINELLAS PARK, FL Zip 29 33781		4. FEI Number 59-3239876 Applied For Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STANDIFORD, GLEN W
6828 81ST AVE., NORTH
PINELLAS PARK FL 34065-33781**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANDIFORD, GLEN W	1.2 NAME	
STREET ADDRESS	6828 81ST AVE., N.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34065 33781	1.4 CITY-ST-ZIP	33781
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, WILLIAM P	2.2 NAME	
STREET ADDRESS	8190 US HWY 19 N	2.3 STREET ADDRESS	8190 US HWY 19 N
CITY-ST-ZIP	PINELLAS PARK FL 34065 33781	2.4 CITY-ST-ZIP	PINELLAS PARK FL 33781
TITLE	DST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORAGGIO, FRANCIS J	3.2 NAME	
STREET ADDRESS	8190 US 19 NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL 34065 33781	3.4 CITY-ST-ZIP	33781
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)