


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

FILED  
Jul 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P94000017637 (7)</b> 1. Corporation Name <b>SUNLOVER'S POOLS &amp; SPAS, INC.</b>		



Principal Place of Business <b>1201 OAKFIELD DR. STE 103 BRANDON FL 33511</b>	Mailing Address <b>PO BOX 637 BRANDON FL 33509</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2730 Bent Leaf Dr.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Valrico, FL</b> Zip 24 <b>33594</b> Country 25		2a. Mailing Address 26 <b>2730 Bent Leaf Dr.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Valrico, FL</b> Zip 29 <b>33594</b> Country 30		3. Date Incorporated or Qualified <b>03/01/1994</b>	4. FEI Number <b>65-0489250</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>TUCKER, RILEY M 1201 OAKFIELD DR. STE 103 BRANDON FL 33511</b>		10. Name and Address of New Registered Agent 81 Name <b>Carnot, Robert E.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2730 Bent Leaf Dr.</b> 83 84 City <b>Valrico</b> <b>FL</b> 85 Zip Code <b>33594</b>	
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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 **Robert E. Carnot** **Robert E. Carnot** **6-20-98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>0</b> <input checked="" type="checkbox"/> DELETE	11 TITLE	<b>0</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACKAY, BRIAN</b>	12 NAME	<b>Carnot, Robert E.</b>
STREET ADDRESS	<b>11103 CORLET ROAD</b>	13 STREET ADDRESS	<b>2730 Bent Leaf Dr.</b>
CITY-ST-ZIP	<b>RIVERVIEW FL 33569</b>	14 CITY-ST-ZIP	<b>Valrico, FL 33594</b>
TITLE	<b>0</b> <input checked="" type="checkbox"/> DELETE	21 TITLE	<b>0</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TUCKER, RILEY</b>	22 NAME	<b>Carnot, Robert L.</b>
STREET ADDRESS	<b>3009 BUTTERNUT COURT</b>	23 STREET ADDRESS	<b>3005 Teaga Bay Court Apt #7</b>
CITY-ST-ZIP	<b>BRANDON FL 33511</b>	24 CITY-ST-ZIP	<b>RIVERVIEW, FL 33569</b>
TITLE	<b>0</b> <input checked="" type="checkbox"/> DELETE	31 TITLE	<b>0</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACKAY, JIM</b>	32 NAME	<b>Carnot, Sandra M</b>
STREET ADDRESS	<b>2510 CULBREATH COVE</b>	33 STREET ADDRESS	<b>2730 Bent Leaf Dr.</b>
CITY-ST-ZIP	<b>VALRICO FL 33594</b>	34 CITY-ST-ZIP	<b>Valrico, FL 33594</b>
TITLE	<b>0</b> <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARNOT, ROBERT E</b>	42 NAME	
STREET ADDRESS	<b>2341 MERRILY CIRCLE SOUTH</b>	43 STREET ADDRESS	
CITY-ST-ZIP	<b>SEFFNER FL 33584</b>	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<b>500002604135</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	<b>-07/31/98--01058--009</b>
STREET ADDRESS		53 STREET ADDRESS	<b>***150.00</b>
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	<b>J. J. J.</b>
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)

Florida Department of State  
Divisions of Corporations  
P.O.Box 6327  
Tallahassee, Florida 32314

W Pfd

To Whom It May Concern,

Please be advised that the 1998 Annual Report Packet enclosed was not received in our office by the due date. The Corporation changed addresses and office staff January of 98. The report packet was sent to the old office address. It apparently went unnoticed there and therefor was not forwarded on to us in enough time for us to mail payment before the late fee was due.

I spoke to your office by phone and was told to submit an explanation along with my check for the original amount and that should be sufficient. I did this on June 22, 1998. The check and form were returned to me with no comment on my explanation. I called once again on July 15, 1998 and was told to resubmit my letter with a more accurate description of the course of events.

I hope I have done so to your satisfaction. Enclosed you will find the change of address and change of officers on the form to correlate what I am saying.

Thank-you for your attention to this matter.

*Sandra M. Carnot*  
Sandra M. Carnot