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

FILED **PROFIT** FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P94000018855 (4) DOCUMENT # SUN POOLS, INC. Principal Place of Business Mailing Address 8507 S TAMIAMI TR 8507 S TAMIAMI TR SARASOTA FL 34238 SARASOTA FL 34238 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/01/1994 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For ROAN 20 TULANE 20 TULANO 65-0478765 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing FLORID A VE Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible GAMAGOMA SAMASOM 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, PATRICK E S BROWN 8507 S TAMIAMI TR 82 Street Address (P. O. Box Number is Not Acceptable) SARASOTA FL 34238 83 84 Venuce 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 poard 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

ATRICH

C. DRWN

SR: Page Bank

146-98 SIGNATURE legistered Ag ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. X Change DELETE \_\_\_ Addition TITLE 1.1 TITLE ADDRESS BROWN, PATRICK E SR 1.2 NAME NAME 8507 S TAMIAMI TR STREET ADDRESS 1.3 STREET ADDRESS FLOWIA 34293 SARASOTA FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Channe Roffibba TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change \_\_\_ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE

14. I hereby certify that the information supplied with this filling 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.

5.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

LUURED

1-16-98

941-496-4996

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