

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000054321 (2)

1. Corporation Name

ORANGEWOOD POOLS INCORPORATED

Principal Place of Business

328 PEABODY CR
AVON PARK FL 33825
US

Mailing Address

328 PEABODY CR
AVON PARK FL 33825
US

2. Principal Place of Business

21 2625 US 27 N

Suite, Apt. #, etc.

22 Avon Park, Fl.

23 Zip 33825

24 25 Country Highlands

2a. Mailing Address

26 P.O. Box 937

Suite, Apt. #, etc.

27

City & State

28 Avon Park, Fl.

29 Zip 33826

30 Country Highlands

9. Name and Address of Current Registered Agent

HAYES, RICHARD A
2080 GASTOR ROAD
AVON PARK FL 33825

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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, 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 | PD | <input type="checkbox"/> DELETE | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAYES, RICHARD A | | 1.2 NAME |
| STREET ADDRESS | 2080 GASTOR ROAD | | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | AVON PARK FL | | 1.4 CITY-ST-ZIP |
| TITLE | VP | <input type="checkbox"/> DELETE | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TILBURG, GARY VAN | | 2.2 NAME |
| STREET ADDRESS | 1378 CORNER OAKS DR | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | BRANDON FL | | 2.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | 3.2 NAME |
| STREET ADDRESS | | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 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 | | <input type="checkbox"/> DELETE | 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 | | <input type="checkbox"/> DELETE | 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.

SIGNATURE:

SIGNATURE AND TWEE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone # 944-3655

CR2E034 (10/97)

FILED
Mar 04 1998 8:00am
Secretary of State