


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

FILED

Jan 23 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 # **P94000087094 (6)**

1. Corporation Name

HOLIDAY POOLS OF WEST FLORIDA, INC.



Principal Place of Business % 306 HOULE AVENUE SARASOTA FL 34241	Mailing Address % 306 HOULE AVENUE SARASOTA FL 34241
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7733 SR 72 Suite, Apt. #, etc.		2a. Mailing Address 26 7733 SR 72 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/01/1994	
22 City & State 23 Sarasota, FL Zip 24 34242		27 City & State 28 Sarasota, FL Zip 29 34242		4. FEI Number 65-0546905 Applied For <input type="checkbox"/> Not Applicable	
25 USA		30 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		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

10. Name and Address of New Registered Agent

81 Name Charles McLeod	
82 Street Address (P.O. Box Number is Not Acceptable) 6152 279th Street East	
83	
84 City Myakka City	85 Zip Code FL 34251

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

1/14/98

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOD, CHARLES	1.2 NAME	McLeod, Charles
STREET ADDRESS	306 HOULE AVE.	1.3 STREET ADDRESS	6152 279th Street East
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	Myakka City, FL 34251
TITLE	VT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELLINGER, JAMES	2.2 NAME	
STREET ADDRESS	703 45TH ST. W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDENTON FL	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	V.P. S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES MCLEAD	3.2 NAME	McLeod, James
STREET ADDRESS	9709 289TH ST. E	3.3 STREET ADDRESS	9709 289th Street East
CITY-ST-ZIP	MYAKKA CITY FL	3.4 CITY-ST-ZIP	Myakka City, FL 34251
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES DELLINGER	4.2 NAME	
STREET ADDRESS	703 45TH ST. W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANNIE JOHNSON	5.2 NAME	
STREET ADDRESS	6767 MAUNA BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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:

1/14/98 941-927-1882

CR2E034 (10/97)