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FILED  
Apr 01 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000089567 (9)

1. Corporation Name  
BUY-RITE POOLS & SPAS, INC.



Principal Place of Business  
3455 ALCANIZ STREET  
PENSACOLA FL 32503

Mailing Address  
3455 ALCANIZ STREET  
PENSACOLA FL 32503-3010

3. Date Incorporated or Qualified  
12/09/1994  
3a. Date of Last Report  
03/04/1996  
4. FEI Number  
59-3282180  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business  
21 State, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

HANSON, WILLARD H  
3455 ALCANIZ STREET  
PENSACOLA FL 32503

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  
FL

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	D	<input type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	JENSEN, GARY C			1.2 NAME	JENSEN, THOMAS M.		
STREET ADDRESS	1718 E CERVANTES			1.3 STREET ADDRESS	441 WELLINGTON DR.		
CITY - ST - ZIP	PENSACOLA FL 32501			1.4 CITY - ST - ZIP	PACE, FL 32571		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANSON, WILLARD H			2.2 NAME			
STREET ADDRESS	4800 BAYBROOK DRIVE			2.3 STREET ADDRESS			
CITY - ST - ZIP	PENSACOLA FL 32514			2.4 CITY - ST - ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MURRAY, KARL E			3.2 NAME			
STREET ADDRESS	8336 TABAJD LANE			3.3 STREET ADDRESS			
CITY - ST - ZIP	PENSACOLA FL 32508			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 do 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 included 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: *Thomas M. Jensen* 3/27/97 (904) 432-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)