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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P95000007630

1. Corporation Name

GUARANTEED POOL AND SPA, INC.

Principal Place of Business

606 Fern Ave.

Holly Hill, Fl. 32117

Mailing Address

SAME

3. Date Incorporated or Qualified
01/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

6. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSEPH P. CLARK
533 N. NOVA ROAD, SUITE 115
ORMOND BEACH, FL. 32174

81

Name

Joseph P. Clark

82

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

533 N. Nova Road, Suite 115

83

City

Ormond Beach,

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1004, 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

04/29/97

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered agent signature required when appointing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF

TITLE

P.D.

DELETE

NAME

Wesley C Haigh

STREET ADDRESS

407 N Auburn Drive #.1

CITY-ST-ZIP

Daytona, Fl. 32118

TITLE

VP

DELETE

NAME

George M. Fox Jr.

STREET ADDRESS

636 Virginia Ave.

CITY-ST-ZIP

Holly Hill, Fl. 32117

TITLE

S.T.

DELETE

NAME

Grace M. Barchard

STREET ADDRESS

750 Reed Canal Road # 69

CITY-ST-ZIP

South Daytona, Fl. 32119

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

300002175269

-05/12/97--01120--025

***165.00

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(b), 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. 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wesley C Haigh

04/29/97