

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000017120 (3)**

1. Corporation Name
R. D. SCHILLER POOLS INC.



Principal Place of Business: **3265 S.E. DIXIE HIGHWAY STUART FL 34994**
Mailing Address: **3265 S.E. DIXIE HIGHWAY STUART FL 34994**

3. Date Incorporated or Qualified: **03/01/1995**
3a. Date of Last Report: **N/A**
4. FEI Number: **65-0557791**
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 (21-24) and Mailing Address (2a-29) details including Suite, Apt. #, City & State, and Zip/Country.

9. Name and Address of Current Registered Agent
**FOURNIER, DONALD L
3265 S.E. DIXIE HIGHWAY
STUART FL 34994**

10. Name and Address of New Registered Agent
81 Name: **ROBERT D SCHILLER**
82 Street Address (P.O. Box Number is Not Acceptable): **1831 PALM CITY ROAD**
83: **C 301**
84 City: **STUART** FL 85 Zip Code: **34994**

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]* 5-10-96

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	FOURNIER, DONALD L	
STREET ADDRESS	661 BRYANT AVENUE	
CITY - ST - ZIP	STUART FL 34994	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHILLER, ROBERT D	
STREET ADDRESS	1850 PALM CITY ROAD	
CITY - ST - ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VICE PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KIM SCHILLER	
1.3 STREET ADDRESS	1831 PALM CITY ROAD	
1.4 CITY - ST - ZIP	STUART FL 34994	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* 4-28-96 407-287-0168

CR2E034 (12/95)