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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P95000047729 (5)

SWIMCRAFT POOLS, INC.

FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1992 KINGSLEY AVE 1892 KINGSLEY AVE **ORANGE PARK FL 32073 ORANGE PARK FL 32073** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1995 2. Principal Place of Business 2a. Mailing Address FFI Number Applied For 59-3331278 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \(\sigma\) No Country Zio 24 25 29 30 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name CLANCE, WAYNE D ESQ. 4751 SAN JUAN AVE. Street Address (P.O. Box Number is Not Acceptable) SUITE 2 83 JACKSONVILLE FL 32210 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE HOLDER, JOE NAME 1.2 NAME 1992 KINGSLEY AVE STREET ADDRESS 1.3 STREET ADDRESS ORANGE PARK FL 32073 CITY-ST-ZIP 1.4 CITY-ST-ZIP □ DELETE Change Addition TITLE STD 2.1 TITLE HOLDER, DEBBIE 2.2 NAME NAME 1992 KINGSLEY AVE STREET ADDRESS 2.3 STREET ADDRESS **ORANGE PARK FL 32073** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4 1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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, on an attachment