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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthar

Secretary of State
DIVISION OF CORPORATIONS

FILED

May 06 1997 8:00am

Secretary of State

DOCUMENT # P95000079330 (3)

C & H POOLS, INC.

Principal Plac	ce of Business	Mailing Address						
4050 CONNERSVILLE RD. BARTOW FL 33830		P.O. BOX 2431						
					3. Date Incorporated or Qualified 10/16/1995		of Last R)/1996	eport
2. Principal Place of Business 2a. Mailing			g Address		4. FEI Number		A	optied For
21 26					59-3351275			ot Applicable
27					5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
City & Sta	28		.ale		Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip 24	Country 25	Ζηρ 29	Country 30		8. This corporation has liability fo Florida Statutes	r intangible to	ax under s No	. 199.032,
	9, Name and Address of Curren	nt Registered Agent			10. Name and Address of New F	legistered A	gent	
HAF	RRIS, JIMMY		8	Name				
140 SOUTH WOODLAWN BARTOW FL 33830			8:	Street Add	ress (P.O. Box Number is Not Accepta	able)		
			8	1				
					#			
			6-	1 City		FL.	85 Zip	Code
11. Pursuant office or agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligi	i2 and 607.1508, Florida St of Florida. Such change w ations of, Section 607.0505	atules, the abo as authorized t , Florida Statut	ve-named corpora	poration submits this statement for the tion's board of directors. I hereby acc		hanging it intment as	ts registered registered
SIGNATURE								
12.	Signature, typed or printed name of registered age OFFICERS AN		NOTE Registered A	gent signature requi	red when reinstaling) ADDITIONS/CHANGES TO OFF	DATE ICEDS AND	DIRECTOR	25 INI 20
TITLE	D	DELETE	1.100		TIODITION OF THE TO OFF	***************************************	Change	Addition
NAME	HARRIS, JIMMY		1.2 NAMI					
STREET ADDRESS	4050 CONNERSVILLE RD.		1.3 STRE	LADORESS				
CITY-ST-ZIP	BARTOW FL 33830		1.4 CITY	ST-7IP			_	
TITLE	L] DELETE		21111118			ι	Change	Addition
NAME OXDECT ADDRESS	1		2.2 NAM6					
STREET ADDRESS	1		2.3 STHEET ADDRESS 2.4 City-St-Zip					
CITY-ST-ZIP TITLE	-zir		3.1 1811	- 31 - 21			Change	Addition
NAME			32 NAMI	1		-	_ ,	
STREET ADORESS			3.3 STRE	1 ADDRESS				
CITY-ST-ZIP	l		3.4 CITY	- ST - ZIP				
TITLE	DELETE		4.1 300LE				Сћапде	Addition
NAME	<u> </u>		4. 2 NAM	ŧ				
STREET ADDRESS			4.3 STRE	T ADDRESS				
CITY-ST-ZIP			4 4 CITY	\$T-2:P		·	7.05	
TITLE	1		5 1 TIJLE			L	Change	Addition
NAME CTREET ADDRESS			5.2 NAMI					
STREET ADDRESS CITY-ST-ZIP				T ADDRESS				
TITLE			54 CHY 61 YILE				Change	Addition
NAME			6.2 NAM			•		
STREET ADDRESS				1 ADDRESS				

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 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 eath; 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 lifethinged, or on an attachment with an address.