

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

1997 AUG -4 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000036912 (9)**

1. Corporation Name
CHUCK'S POOL SERVICE, INC.

Principal Place of Business 1164 FOXFORREST CIR APOPKA FL 32712	Mailing Address P O BOX 1681 APOPKA FL 32704
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/23/1996	3a. Date of Last Report
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2. Principal Place of Business 21 4525 W. Ponkan Road Suite, Apt. #, etc.	2a. Mailing Address 26 4525 W. Ponkan Road Suite, Apt. #, etc.	4. FEI Number 59-3373811 Applied For Not Applicable
22 City & State 23 Apopka, FL 32712-5424	27 City & State 28 Apopka, FL 32712-5424	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 32712-5424 Country Orange	29 Zip 32712-5424 Country Orange	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent SMITH, CHARLES H 1164 FOXFORREST CIR APOPKA FL 32712		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 4525 W. Ponkan Road	FL 32712-5424
83	
84 City Apopka	

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 Change	<input type="checkbox"/> Addition
NAME SMITH, CHARLES H		1.2 NAME	
STREET ADDRESS 1164 FOXFORREST CIR		1.3 STREET ADDRESS 4525 W. Ponkan Road	
CITY-ST-ZIP APOPKA FL 32712		1.4 CITY-ST-ZIP Apopka, FL 32712-5424	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS 200002264062--5	
CITY-ST-ZIP		2.4 CITY-ST-ZIP -08/11/97--01177--010	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

CR2E034 (4/97)

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COMMERCIAL SERVICE

2699 LEE ROAD, SUITE 430
WINTER PARK, FLORIDA 32789-1741
TELE (407) 647-1113
FAX (407) 647-3612

July 31, 1997

Sandra B. Mortham
Secretary of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Madam Mortham:

Enclosed please find the 1997 Corporate Annual Report for Chuck's Pool Service, Inc.. Regrettably, it is being filed late and we would greatly appreciate your consideration in waiving the late penalty due to these circumstances.

Because of the nature of the pool cleaning business, Mr. Smith, (sole employee and corporate stockholder) performs all his work at the customer location and uses his home address as the official principal place of business. He was living with a brother at the time of the incorporation, so that address was used. He moved later in 1996, but a forwarding address was not submitted since he picked up his mail from his brother on a frequent basis. However, the first Annual Report packet never did reach Mr. Smith.

Please take into account these facts. The corporation was just formed in 1996, and Mr. Smith was unfamiliar with the annual filing requirement. Our firm provides accounting services on a quarterly basis, so we did not realize the form had not been filed until after the due date. Also, there was no intentional disregard of the filing requirement, and we are quite sure it will not happen again.

Mr. Smith is a very hard-working individual who puts in long hours to earn a living. In a spirit of fairness, we respectfully request that you accept the enclosed fee of \$165 for 1997 and we will be most grateful of your kind consideration.

Very truly yours,

Sandra L. Lundquist
Sandra L. Lundquist
Accountant

Enclosures

cc: Chuck Smith