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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

Mar 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600046380 (7)

SWIMCRAFT POOL CARE, INC.

Principal Plane of Business Mailing Address 1992 KINGSLEY AVE. 1992 KINGSLEY AVE. ORANGE PARK FL 32073-4442 **ORANGE PARK FL 32073** 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1996 2. Finacipal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 Sulte, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Country Z_{10} Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 KNOTT, MARK ANTHONY Holde **596 ABERDERN COURT** 82 Box Number is Not Acceptable ORANGE PARK FL 32073 83 City ^{Zip Code} 32073 84 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 bottom 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 family will panel succept the ophigations of, Section 607.0505, Florida Statutes. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) (96/6) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. Change DELETE 1.1 TITLE IIId KNOTT, MARK ANTHONY 1.2 NAME NAME **596 ABERDERN COURT** 1.3 STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32073** CHTY-ST ZIE 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 THILE THLE 2.2 NAME NAME HOLDER, JOE M 1745 HOWARD COURT 2 3 STREET ADDRESS STREET ADDRESS CHY ST Z# ORANGE PARK FL 32073 2.4 CITY-ST-ZIP DELETE Change Addition 31 TITLE THE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-Z: 34. CITY-ST-ZIP DELETE Change Addition 41 TITLE LILL 4 2 NAME NAMI **43 STREET ADDRESS** STREET ADDRESS CHY ST-ZF 44 CITY-ST-ZIP DELETE Change Addition 51 TITLE THEF HAMP 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY \$1-762 DELETE Change Addition BlyE 61 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 017Y - 51 - 269 6.4 CITY - ST - ZIP 14. I do hereby certly 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

an attachment with an address.