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**May 02 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000063661 (8)
1. Corporation Name:
POOLWORKS OF TALLAHASSEE INC.



Principal Place of Business: **3007 TALLAVANA TRAIL HAVANA FL 32333**
Mailing Address: **3007 TALLAVANA TRAIL HAVANA FL 32333-9544**

3. Date Incorporated or Qualified: **07/30/1996**
3a. Date of Last Report:
4. FEI Number:
Applied For: Not Applicable
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent:
**COPELAND, MICHAEL M
3007 TALLAVANA TRAIL
HAVANA FL 32333**

10. Name and Address of New Registered Agent:
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code:

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: _____ DATE: _____
Sign over, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|--|--------------------------|
| TITLE | | <input type="checkbox"/> |
| NAME | | <input type="checkbox"/> |
| STREET ADDRESS | | <input type="checkbox"/> |
| CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| NAME | | <input type="checkbox"/> |
| STREET ADDRESS | | <input type="checkbox"/> |
| CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| NAME | | <input type="checkbox"/> |
| STREET ADDRESS | | <input type="checkbox"/> |
| CITY - ST - ZIP | | <input type="checkbox"/> |
| TITLE | | <input type="checkbox"/> |
| NAME | | <input type="checkbox"/> |
| STREET ADDRESS | | <input type="checkbox"/> |
| CITY - ST - ZIP | | <input type="checkbox"/> |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|---|------------------------------|--------------------------|-------------------------------------|
| 1.1 TITLE | P MICHAEL M. COPELAND | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | 3007 TALLAVANA TR. | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.3 STREET ADDRESS | HAVANA, FL 32333 | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.4 CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.1 TITLE | V PAM C COPELAND | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2.2 NAME | 3007 TALLAVANA TR. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3 STREET ADDRESS | HAVANA, FL 32333 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4 CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 STREET ADDRESS | | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.4 CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.3 STREET ADDRESS | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.4 CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.3 STREET ADDRESS | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.4 CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.3 STREET ADDRESS | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.4 CITY - ST - ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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.

SIGNATURE: *[Signature]* **U. COPELAND** Date: **4/28/97** Daytime Phone: **904-556-7665**

CR2E034 (9/96)