SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750),

FILED PROFIT Sep 01 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT #
1. Corporation Name P97000012947 (2) PREMIER POOL CARE, INC. Principal Place of Business Mailing Address POST OFFICE BOX 1108 POST OFFICE BOX 1108 ZELLWOOD FL 32798-1108 ZELLWOOD FL 32798-1108 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/10/1997 2a. Ma 2. Pri Applied For Premier Pool Care Premier Pool Care 21 26 Not Applicable 2062 Inge CT. Sui Sult 2062 Inge CT. \$8.75 Additional Apopka, FL 32703 5. Certificate of Status Desired Apopka, FL 32703 22 Fee Required 27 City City 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year in another 24 25 Personal Property Tax due June 30. Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HATTAWAY, DANE P 4037 LAUGHLIN ROAD $D\epsilon$ 2062 Inge CT. 82 Street ZELLWOOD FL 32798 83 Apopka, FL 32703 84 City 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. typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Change Addition NAME HATTAWAY, DANE P 1.2 NAME **POST OFFICE BOX 1108** STREET ADDRESS 1.3 STREET ADDRESS ZELLWOOD FL 32798-1108 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE __ Change Addition CAHELO, MICHAEL D NAME 2.2 NAME 2062 INGE COURT STREET ADDRESS 2.3 STREET ADDRESS **APOPKA FL 32703** CITY-ST-ZIP 24 CITY-ST-ZIP 3.1 TITLE TITLE DELETE ___ Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ooooosesossa. NAME 5.2 NAME -09/02/98--01005--0**3**0 STREET ADDRESS 5.3 STREET ADDRESS ***150.00 5.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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, or on an attachment with an address.

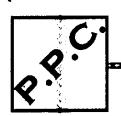
NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (5/98)

PREMIER POOL CARE, INC. 2062 INGE CT. APOPKA, FLORIDA 32703-1551



To: Department of State
Annual Reports Filing
Division of Corporations
P.O.Box 6327
Tallahassee, FI 32314

Dear Sirs.

This letter is in regard to a missed check for our filing fee for 1998. We sent check #2412 to you on April 3, 1998. This check has not cleared our bank account. We recently received some mail from our old mailing address that included a new form to file for our annual report. We have not received however, the letter you sent to the old address stating that some changes needed to be made on the form. We have no knowledge of where that letter is or where check #2412 is. Enclosed is a copy of that check. We are going to void that particular check and issue a new one.

Per my conversation with Linda, she has indicated to me that our filing fee will be reconsidered for the original amount due to circumstances beyond our control.

Thank you very much!!

Wale In alla

21 Aug. 1998

C.C.

PHONE: (407) 880-3314

FAX: (407) 880-3314

PREMIERPOOLCARE@YAHOO.COM