

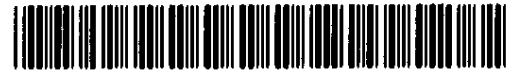
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Mar 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000075843 (7)**
1. Corporation Name
TRIDON POOL SPECIALISTS OF PINELLAS COUNTY, INC.



Principal Place of Business % CAROL MCATEE 7973 THIRD AVE. SOUTH ST. PETERSBURG FL 33707	Mailing Address % CAROL MCATEE 7973 THIRD AVE. SOUTH ST. PETERSBURG FL 33707
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1271 San Christopher Drive Suite, Apt. #, etc. 22 City & State 23 Dunedin, FL Zip 24 34698		2a. Mailing Address 26 1271 San Christopher Drive Suite, Apt. #, etc. 27 City & State 28 Dunedin, FL Zip 29 34698		3. Date Incorporated or Qualified 09/02/1997	
25 Pinellas		30 Pinellas		4. FEI Number 59-3470549 Applied For Not Applicable	
9. Name and Address of Current Registered Agent MCATEE, CAROL 7973 3RD AVE. S. ST. PETERSBURG FL 33707		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
		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 Chad Welch 82 Street Address (P.O. Box Number is Not Acceptable) 1271 San Christopher Drive 83 84 City Dunedin 85 Zip Code FL 34698					

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 *Chad Welch* *president* **2-26-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Chad Welch
STREET ADDRESS		1.3 STREET ADDRESS	1271 San Christopher Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Dunedin, FL 34698
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	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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 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: *Chad Welch* *president* **2-26-98** (813) 786-5823

CR2E034 (10/97)