

FILE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
DIVISION OF CORPORATIONS

DOCUMENT # P97000104775 (b)

1. Corporation Name
DALY POOL SERVICES, INC.

Principal Place of Business
25 FORT MYERS DRIVE
INDIAN LAKE ESTATES FL 33855

Mailing Address
POST OFFICE BOX 7575
FORT MYERS FL 33855

FILED
Sep 17 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/12/1997	
21	10-29 HIGHVIEW DRIVE	26	10-29 HIGHVIEW DRIVE	4. FEI Number 59-3482176	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23	LAKE WALES, FL	28	LAKE WALES, FL	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	
24	Zip 33853	29	Zip 33853		
25	Country	30	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DALY, TIMOTHY P 25 FORT MYERS DRIVE INDIAN LAKE ESTATES FL 33855		81	Name DALY, TIMOTHY P.
		82	Street Address (P.O. Box Number is Not Acceptable) 710 HILLSIDE AVENUE
		83	
		84	City LAKE WALES FL 85 Zip Code 33853

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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, TIMOTHY P	1.2 NAME	
STREET ADDRESS	710 HILLSIDE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, SANDRA L	2.2 NAME	
STREET ADDRESS	710 HILLSIDE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES FL 33853	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATKINS, KEVIN A	3.2 NAME	WATKINS, KEVIN A
STREET ADDRESS	POST OFFICE BOX 7575	3.3 STREET ADDRESS	126 MEADOW LARK BLVD. Box 7575
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	3.4 CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATKINS, MAE C	4.2 NAME	WATKINS, MAE C
STREET ADDRESS	POST OFFICE BOX 7575	4.3 STREET ADDRESS	126 MEADOW LARK BLVD. Box 7575
CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855	4.4 CITY-ST-ZIP	INDIAN LAKE ESTATES FL 33855
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.

CR2E034 (10/97)