

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

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08 JUL 21 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000013202

1. Corporation Name  
Tropical Paradise Pool Center, Inc.

Principal Place of Business Mailing Address  
13185 Spring Hill Drive  
Spring Hill, FL 34609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
Feb. 10, 1998

4. FEI Number  
59-3492993

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 13185 Spring Hill Dr. 26 13185 Spring Hill Dr

22 City & State 27 City & State

23 Spring Hill, FL 28 Spring Hill, FL

24 34609 25 USA 29 34609 30 USA

9. Name and Address of Current Registered Agent  
Paul Horne  
12098 Raschke Run  
Brooksville, FL 34609

*NOTE: Please update address*

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
400002948774-

83 City  
-08/03/93--01041--004

84 City  
FL Zip 35000

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 *Paul E. Horne* Paul E. Horne President 2/21/99

12. OFFICERS AND DIRECTORS

TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Roberta A. Hancock	
STREET ADDRESS	21151 Lake Lindsey Rd.	
CITY-ST-ZIP	Brooksville, FL 34601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Paul E. Horne	
13 STREET ADDRESS	12098 Raschke Run	
14 CITY-ST-ZIP	Brooksville, FL 34614	
21 TITLE	Vice-President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Laurie A. Horne	
23 STREET ADDRESS	12098 Raschke Run	
24 CITY-ST-ZIP	Brooksville, FL 34614	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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, with all other like empowered.

SIGNATURE: *Laurie A. Horne* Laurie A. Horne 2/21/99 (352) 597-9231

CR2E034 (1/98)

7/29/99 @