

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S17080 (0)

1. Corporation Name

SUPER POOL MAN CLEANER, INCORPORATED



Principal Place of Business

Mailing Address

2935 FOLKLORE DR
VALRICO FL 33594
US

2935 FOLKLORE DR
VALRICO FL 33594
US

3. Date Incorporated or Qualified

11/27/1990

3a. Date of Last Report

03/27/1995

2. Principal Place of Business

2a. Mailing Address

21 904 DELANEY C.R

26 P.O. BOX 454

Suite, Apt. #, etc

Suite, Apt. #, etc

22 Apt 103

27

City & State

City & State

23 BRANDON FL

28 BRANDON, FL

Zip

Zip

24 33511

25 HillsB.

29 33509

30 HillsB

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PICKETT, VIRGIL W.
2935 FOLKLORE DRIVE
VALRICO FL 33594

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL B5 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

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

P PICKETT, VIRGIL W. 2935 FOLKLORE DR VALRICO FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

VP PICKETT, JANE G. 2935 FOLKLORE DR VALRICO FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE NAME STREET ADDRESS CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P PICKETT, VIRGIL W. Change Addition

1.2 NAME

1.3 STREET ADDRESS 904 DELANEY C.R APT 103

1.4 CITY - ST - ZIP BRANDON FL 33511 Change Addition

2.1 TITLE VP

2.2 NAME JONES, BRENDA L

2.3 STREET ADDRESS 904 DELANEY C.R APT 103

2.4 CITY - ST - ZIP BRANDON FL 33511 Change Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Virgil W. Pickett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-96

689-4160

Date

Telephone Number

CR2E034 (3/96)