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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

APPROVED

97 FEB -7 AM 9: 49

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # 642303 1. Corporation Name SANDCASTLE POOLS, INC.					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business 8750 S/R 17S. SEBRING FL 33870 US		Mailing Address P.O. BOX 4530 SEBRING FL 33871-4530 US					XI
							Date of Last Report 6/13/1996
2. Principal P	lace of Business	2a. Mailin	g Address			4. FEI Number 59-1944807	Applied For Not Applicable
Suite: Apt	# etc.		Apt. #, etc.		- , , , , , , , , , , , , , , , , , , ,	5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	е	City &	State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip		Coun	try	8. This corporation has liability for intangl	
	9. Name and Address of Cur					10. Name and Address of New Registers	
STROPPEL, CHARLES 8750 S/R #17 S. SEBRING FL 33870				1	Name Street Ad Grant City	idress (P.O. Box Number is Not Acceptable)	85 Zip Code
SIGNATURE	Signalare, typed or printed name of registered	agent and title I applicat		Registered		rporation submits this statement for the purpose ration's board of directors. I hereby accept the a suited when reinstating) DAT	
12.	P\$	AND DIRECTORS	DELETE	13. 1.1 TiTL		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME STREET ADDRESS	STROPPEL, CHARLES 8750 S.R. 17S.		Dicere	1.2 NAA			J Mange LJ Manier
City - St - 7iP	SEBRING FL 33870				r-ST-ZIP		
TITLE NAME	V STROPPEL, ALICE		DELETE	2.1 TITE 2.2 NAM	E 1E		Change Addition
STREET ADDRESS CITY+ST-ZIP	8750 S.R. 17S. Sebring Fl 33870			4	EET ADDRESS Y-ST-ZIP		
TILE	OLDIMIO IL GOVIO		DELETÉ	3.1 TiTL			Change Addition
NAME				3.2 NAN	4E		
STREET ADDRESS				3 3 STR	EET ADDRESS		
CHT-ST-ZP			T DECEMB		Y-S1-ZIP		
TITLE			☐ DELETE	4.1 TiTL	1		Change Addition
NAME exact tempores				4 2 NAI	1		
STREET ADDRESS					EET ADDRESS		
CHY-S1-ZIF TITLE			DELETE	4.4 GITY 5.1 TITL	r-ST-ZIP E		☐ Change ☐ Addition
NAME			= .	5.2 NAM	- 1		•
STREET ADDRESS					EET ADDRESS		
CITY-ST-ZIP				•	(-ST-ZIP		
TILLE			DELETE	61 TITL			Change Addition
NAME				62 NAN	AE .		

14. I do 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 12 or on an attachment with an address.

6.3 STREET ADDRESS 6.4 City-St-Zip

SIGNATURE:

STHEET ADDRESS

941-653-4005 Daytime Phone #

18 Phone M **0394900**