

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB - 5 PM 12: 22

DOCUMENT # 766319 (8)

1. Corporation Name  
POLK THEATRE, INC.

Principal Place of Business Mailing Address  
\* J. HARDIN PETERSON, JR. - 121 S. FLORIDA AVE., POLK THEATRE BLDG LAKELAND FL 33801  
\* J. HARDIN PETERSON, JR. 121 S. FLORIDA AVE., POLK THEATRE BLDG LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/28/1982	3a. Date of Last Report 05/09/1994
4. FEI Number 59-2274522	Applied For Not Applicable
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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 c/o Peggy McKeel 121 S. Florida Ave. Polk Theatre Bldg. City & State Lakeland, FL Zip 33801	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State Lakeland, FL Zip 33801	25 Country	29 Country	30
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9. Name and Address of Current Registered Agent HENDLER, PATRICIA A 505 BARTOW RD LAKELAND FL 33801	10. Name and Address of New Registered Agent 81 Name Peggy McKeel 82 Street Address (P.O. Box Number is Not Acceptable) 121 S. Florida Ave. 83 Polk Theatre Building 84 City Lakeland FL 85 Zip Code 33801
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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 607.0506, Florida Statutes.

SIGNATURE: *Peggy McKeel* (Signature, typed name of registered agent and full address) (NOTE: Registered Agent signature required when reappointing) DATE: *January 30, 1995*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS DRAKE, THOMAS C 906 E HERON CIR SE WINTER HAVEN FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GILES, SHERIE S 1103 SUGARTREE LN S LAKELAND FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>DP Patricia Hendler 7131 Pinedale Dr. Lakeland FL 33809</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CHASE, BILL 1924 SEMINOLE TR LAKELAND FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV SALE, GREG 214 EUNICE RD LAKELAND FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT RUSSELL, PATRICK L 554 WILLOW RUN LAKELAND FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRACKEL, E. A. 2146 ARIANA BLVD AUBURDNDALE, FL 00000	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>DELETE</b> <i>D Crackel, E.A. 2146 Ariana Blvd. Auburndale, FL</i>

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)(b), 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. 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, changed, or on an attachment with an addressee.

SIGNATURE: *William W. Chase* (Signature, AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: *1-30-95* (Date) TELEPHONE NUMBER: *812 687-6211* (Telephone Number)