

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **766319** (8)
1. Corporation Name
POLK THEATRE, INC.



Principal Place of Business Mailing Address
0/0 MOKEEL, PEGGY **W. J. HARDIN PETERSON, JR.**
121 S. FLORIDA AVENUE, POLK THEATRE BLDG 121 S. FLORIDA AVE., POLK THEATRE BLDG
LAKELAND FL 33801 LAKELAND FL 33801
US

3. Date Incorporated or Qualified **12/28/1982** 3a. Date of Last Report **02/06/1995**
4. FEI Number **59-2274522** Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
MOKEEL, PEGGY
121 S. FLORIDA AVENUE
POLK THEATRE BUILDING
LAKELAND FL 33801

10. Name and Address of New Registered Agent
81 Name **Philip Bush**
82 Street Address: (P.O. Box Number is Not Acceptable) **101 S. Florida Ave**
83
84 City **Lakeland** FL 85 Zip Code **33801**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.
SIGNATURE *Philip H. Bush* **Philip H. Bush** DATE **1/29/95**

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	DRAKE, THOMAS C	
STREET ADDRESS	906 E HERON CIR SE	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HENDLER, PATRICIA	
STREET ADDRESS	7131 PINEDALE DRIVE	
CITY - ST - ZIP	LAKELAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	CHASE, BILL	
STREET ADDRESS	1924 SEMINOLE TR	
CITY - ST - ZIP	LAKELAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SALE, GREG	
STREET ADDRESS	214 EUNICE RD	
CITY - ST - ZIP	LAKELAND FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, PATRICK L	
STREET ADDRESS	554 WILLOW RUN	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRACKEL, E.A.	
STREET ADDRESS	2148 ARIANA BLVE.	
CITY - ST - ZIP	AUBURNDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	DP
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 checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	DT Robert Bevis
53 STREET ADDRESS	201 E Belvedere
54 CITY - ST - ZIP	Lakeland FL 33803
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Philip H. Bush* **Philip H. Bush** DATE: **1/16/96** 813-682-7553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date/Time/Phone)

CR2E037 (12/95)