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FILED

Apr 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 766319 (8)

1. Corporation Name

POLK THEATRE, INC.

Principal Place of Business  
c/o Ruth E. Gardner  
~~121 S. FLORIDA AVENUE, POLK THEATRE BLDG.~~  
121 S. FLORIDA AVENUE, POLK THEATRE BLDG.  
LAKELAND FL 33801  
USMailing Address  
c/o Ruth E. Gardner  
~~121 S. FLORIDA AVENUE, POLK THEATRE BLDG.~~  
121 S. FLORIDA AVENUE, POLK THEATRE BLDG.  
LAKELAND FL 33801-4664  
127 S. Florida Avenue3. Date Incorporated or Qualified  
12/28/19823a. Date of Last Report  
02/02/1996

2. Principal Place of Business

21 Ruth E. Gardner

Suite, Apt. #, etc.

22 121 S. Florida Ave.

City &amp; State

23 Lakeland, FL

Zip

24 33801

Country

25 Polk

2a. Mailing Address

26 Ruth E. Gardner

Suite, Apt. #, etc.

27 127 S. Florida Ave.

City &amp; State

28 Lakeland, FL

Zip

29 33801

Country

30 Polk

4. FEI Number

59-2274522

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fees Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BUSH, PHILIP  
101 S. FLORIDA AVE.  
POLK THEATRE BUILDING  
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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	DELETE
DS	DRAKE, THOMAS C	906 E HERON CIR SE	WINTER HAVEN FL	<input type="checkbox"/>
OV	HENDLER, PATRICIA	7131 PINEDALE DRIVE	LAKELAND FL	<input type="checkbox"/>
DP	CHASE, BILL	1924 SEMINOLE TR	LAKELAND FL	<input type="checkbox"/>
DV	SALE, GREG	214 EUNICE RD	LAKELAND FL	<input type="checkbox"/>
DT	BEVIS, ROBERT	201 E. BELVEDERE	LAKELAND FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
DP	Patricia Hendler	129 S. Kentucky Ave., #801	Lakeland, FL 33801	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	Robert W. Andrew	3435 Barley Court	Lakeland, FL 33803	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DT	Robert Bevis, M.D.	201 Belvedere St. E	Lakeland, FL 33803	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	Carolyn K. Fulmer	2725 S. Oakland Ave.	Lakeland, FL 33803	<input checked="" type="checkbox"/>	<input type="checkbox"/>
M	Ruth E. Gardner	410 Belvedere W	Lakeland, FL 33803	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruth E. Gardner, Executive Director*, 3-30-94, 941/882-7553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052397

CR2E037 (9/96)