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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **766319** (8)
1. Corporation Name
POLK THEATRE, INC.



Principal Place of Business RUTH E GARDNER <i>Frances McCranie</i> 121 S FLORIDA AVE LAKELAND FL 33801 US	Mailing Address RUTH E GARDNER <i>Frances McCranie</i> 127 S FLORIDA AVE LAKELAND FL 33801 US
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21 Principal Place of Business	2a. Mailing Address
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified 12/28/1982		
4. FEI Number 59-2274522	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	HENDLER, PATRICIA	
STREET ADDRESS	129 S KENTUCKY AVE #801	
CITY-ST-ZIP	LAKLAND FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ANDREW, ROBERT W	
STREET ADDRESS	3435 BARLEY COURT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BEVIS, ROBERT M.D.	
STREET ADDRESS	201 BELVEDERE ST E	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	FULMER, CAROLYN K	
STREET ADDRESS	2725 S OAKLAND AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	GARDNER, RUTH E	
STREET ADDRESS	410 BELVEDERE W	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	<i>STEPHEN W. BAYLIS</i>	
STREET ADDRESS	<i>53 LAKE MORTON DRIVE</i>	
CITY-ST-ZIP	<i>LAKELAND FL 33801</i>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GREGORY Sate	
1.3 STREET ADDRESS	214 Eunice Dr.	
1.4 CITY-ST-ZIP	Lakeland, FL 33803	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	EXECUTIVE DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	FRANCES MCCRANIE	
5.3 STREET ADDRESS	127 South Ramona Ave	
5.4 CITY-ST-ZIP	LAKELAND FL 33801	
6.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STEPHEN W. BAYLIS	
6.3 STREET ADDRESS	53 LAKE MORTON DRIVE	
6.4 CITY-ST-ZIP	LAKELAND FL 33801	

14. I 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 to this report.

SIGNATURE: *STEPHEN W. BAYLIS* 1-27-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0054457

CR2E037 (10/97)