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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766319

1. Corporation Name
POLK THEATRE, INC.

Principal Place of Business Mailing Address
FRANCES MCCRANIE FRANCES MCCRANIE
121 S FLORIDA AVE 127 S FLORIDA AVE
LAKELAND FL 33801 LAKELAND FL 33801
US US



2. Principal Place of Business 2a. Mailing Address 3. Date Incorporated or Qualified
21 26 12/28/1982
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For
22 27 59-2274522 Not Applicable
City & State City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 28
Zip Country Zip Country 6. Election Campaign Financing \$5.00 May Be Added to Fees
24 25 29 30 Trust Fund Contribution

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
BUSH, PHILIP 81 Name
101 S. FLORIDA AVE. 82 Street Address (P.O. Box Number is Not Acceptable)
POLK THEATRE BUILDING 83
LAKELAND FL 33801 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P DELETE 1.1 TITLE DL Change Addition
NAME SALE, GEORGE 1.2 NAME McLaughlin, Anne D.
STREET ADDRESS 214 EUNICE DR 1.3 STREET ADDRESS 1426 Sewille PL.
CITY-ST-ZIP LAKLAND FL 33803 1.4 CITY-ST-ZIP Lakeland, FL 33803
TITLE DV DELETE 2.1 TITLE 2.2 NAME
NAME ANDREW, ROBERT W 2.3 STREET ADDRESS
STREET ADDRESS 3435 BARLEY COURT 2.4 CITY-ST-ZIP
CITY-ST-ZIP LAKELAND FL
TITLE ED DELETE 3.1 TITLE 3.2 NAME
NAME MCCRANIE, FRANCES 3.3 STREET ADDRESS
STREET ADDRESS 127 S FLORIDA AVE 3.4 CITY-ST-ZIP
CITY-ST-ZIP LAKELAND FL 33801
TITLE DS DELETE 4.1 TITLE 4.2 NAME
NAME FULMER, CAROLYN K 4.3 STREET ADDRESS
STREET ADDRESS 2725 S OAKLAND AVE 4.4 CITY-ST-ZIP
CITY-ST-ZIP LAKELAND FL
TITLE DT DELETE 5.1 TITLE 5.2 NAME
NAME BAYLIS, STEPHEN W 5.3 STREET ADDRESS
STREET ADDRESS 53 LAKE MORTON DR 5.4 CITY-ST-ZIP
CITY-ST-ZIP LAKELAND FL 33801
TITLE DELETE 6.1 TITLE 6.2 NAME
NAME 6.3 STREET ADDRESS
STREET ADDRESS 6.4 CITY-ST-ZIP
CITY-ST-ZIP

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 with an address, with all other like empowered.

SIGNATURE: Frances McCranie SIGNATURE REQUIRED 1/25/99 941/682-7553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)