

DOCUMENT # 766319

1. Entity Name

POLK THEATRE, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90121 032 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
FRANCES MCCRANIE 121 S FLORIDA AVE LAKELAND FL 33801 US	FRANCES MCCRANIE 127 S FLORIDA AVE LAKELAND FL 33801-4664 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number	Applied For
Zip	Country	59-2274522	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required*

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DV	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, ANNE D	
STREET ADDRESS	1425 SEVILLE PL	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	ANDREW, ROBERT W	
STREET ADDRESS	3435 BARLEY COURT	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	MCCRANIE, FRANCES	
STREET ADDRESS	127 S FLORIDA AVE	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FULMER, CAROLYN K	
STREET ADDRESS	2725 S OAKLAND AVE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	BAYLIS, STEPHEN W	
STREET ADDRESS	53 LAKE MORTON DR	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	DV	<input type="checkbox"/> Delete
NAME	FROST, J. W. II	
STREET ADDRESS	13747th FL 3353	

TITLE	D.P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John W. Frost II	
STREET ADDRESS	395 S. Central Ave.	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Berryman	
STREET ADDRESS	3328 Bridgeland Dr.	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John T. Cannon III	
STREET ADDRESS	332 Eunice Rd	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert S. Macey	
STREET ADDRESS	6015 S. Florida Ave, Suite 201	
CITY-ST-ZIP	Lakeland, FL 33813	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCES MCCRANIE *FRANCES MCCRANIE* 1/28/00 863/682-755
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #