

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 APPROVED**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
FILED

MAY - 17 3:17

DOCUMENT # **L37035** (7)

1. Corporation Name

**POLING AND ASSOCIATES, INC.**

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

% DONNA J. POLING  
3030 JUNIPER DR.  
EDGEWATER FL 32141

Mailing Address

% DONNA J. POLING  
3030 JUNIPER DR.  
EDGEWATER FL 32141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/14/1989**  
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business

21 Suite, Apt. #, etc

2a. Mailing Address

26 Suite, Apt. #, etc.

4. FEI Number  
**59-2886901**

Applied For  
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip Country

28 Zip Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

**POLING, DONNA J.  
3030 JUNIPER DR.  
EDGEWATER FL 32141**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **DPST**  
NAME: **POLING, DONNA J.**  
STREET ADDRESS: **3030 JUNIPER DR.**  
CITY ST ZIP: **EDGEWATER FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP **700001492077**  
**-05/17/95--01158--035**

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP **\*\*\*\$225.00**  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS **Let's**  
64 CITY ST ZIP **5-1-95**

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

SIGNATURE: **Donna J. Poling, President**  
*Donna J. Poling*

**5-9-95** (Date) **(904) 428-9584** (Corporate Number)

SIGNATURE AND TYPED OR PRINTED NAME OF NONING OFFICER OR DIRECTOR