

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1998. AMOUNT DUE ON OR BEFORE 8/1/98: \$115 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$300)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N29108 (0)

1. Corporation Name
A TASTE OF POLK COUNTY, INC.

Principal Place of Business Mailing Address
68 PEDALER'S POND LAKE WALES FL 33853 **68 PEDALER'S POND LAKE WALES FL 33853**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **11/03/1988** 3a. Date of Last Report **07/25/1994**
4. FBI Number **59-3246475** Applied For Not Applicable
5. Certificate of Status Desired **\$0.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **4826 N. HWY** 26 Suite, Apt. #, etc.
22 **Lot 68** 27 City & State
23 **LAKE WALES** 28 City & State
24 Zip **33853** 25 Country **POLK USA** 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MAGERA, DONNA
#68 PEDALERS POND
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 reorganizing) DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GRENKOWSKI, TOM
STREET ADDRESS	3249 US HWY 98 NORTH
CITY - ST - ZIP	LAKELAND FL
TITLE	VD
NAME	DAVIS, NETTIE
STREET ADDRESS	2 QUEEN OF WATERS, SADDLE BAG RESORT
CITY - ST - ZIP	LAKE WALES FL
TITLE	PD
NAME	MAGERA, DONNA
STREET ADDRESS	#68 PEDALERS POND
CITY - ST - ZIP	LAKE WALES FL
TITLE	D
NAME	MILLER, LAVERNE
STREET ADDRESS	502 PANDORA DRIVE
CITY - ST - ZIP	INDIAN LAKE ESTATES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	P.D. DONNA MAGERA
3.3 STREET ADDRESS	4826 N. HIGHWAY 97 Lot 68
3.4 CITY - ST - ZIP	LAKE WALES FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(4), 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: *Donna Magera* **DONNA MAGERA** 7-4-95 941 676-1355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/95)