

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **127874** (6)

1. Corporation Name
POLLARD-H A- INC



Principal Place of Business
**1000 W LAKE HAMILTON DR.
P.O. BOX 806
WINTER HAVEN FL 33881-9222**

Mailing Address
**1000 W LAKE HAMILTON DR
P.O. BOX 806
WINTER HAVEN FL 33881-9222**

3. Date Incorporated or Qualified **07/10/1933** 3a. Date of Last Report **03/10/1995**

2. Principal Place of Business
21 **1102 N. Lake Otis Dr**
Suite, Apt. #, etc.
22 **Winter Haven**
City & State
23 **Fla.**
Zip
24 **33880** Country
25 **Pol/H**
26 **P.O. Box 806**
Suite, Apt. #, etc.
27 **Winter Haven**
City & State
28 **Fla.**
Zip
29 **33882** Country
30 **Pol/H**

4. FEI Number **59-0406370** Applied For
Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

**POLLARD, HERBERT A
1000 W LAKE HAMILTON DR
WINTER HAVEN, FL
33880**

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 **Herbert A. Pollard Jr. (New)** (NOTE: Registered Agent signature required when reinstating) **Herbert A. Pollard Jr. (New)** DATE **1/26/96**

12. OFFICERS AND DIRECTORS
VS POLLARD, HELEN ☐ DELETE
NAME
STREET ADDRESS **1000 W LAKE HAMILTON DR 1102 N. Lake Otis Dr**
CITY-STATE-ZIP **WINTER HAVEN, FL 00000**
P POLLARD, JR H A ☐ DELETE
NAME
STREET ADDRESS **1000 W LAKE HAMILTON DR 1102 N. Lake Otis Dr**
CITY-STATE-ZIP **WINTER HAVEN, FL 00000**
VS ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VS ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VS ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
VS ☒ Change ☐ Addition
1.1 TITLE
1.2 NAME **Pollard, Helen**
1.3 STREET ADDRESS **1102 N. Lake Otis Dr**
1.4 CITY-STATE-ZIP **Winter Haven, Fla 33881**
2.1 TITLE
2.2 NAME **Pollard, Jr, H.A.**
2.3 STREET ADDRESS **1102 N. Lake Otis Dr.**
2.4 CITY-STATE-ZIP **Winter Haven, Fla 33881**
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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: **Herbert A. Pollard Jr. / Herbert A. Pollard Jr.** DATE **1/26/96** 813.293.8176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (12/95)