

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

50 MAR 29 PM 3:15

DOCUMENT # 203571 (5)

1. Corporation Name

POLK EQUIPMENT COMPANY INC

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

HIGHWAY 17 SOUTH
P O BOX 1016
BARTOW FL 33830

Mailing Address

HIGHWAY 17 SOUTH
P O BOX 1016
BARTOW FL 33830

3. Date Incorporated or Qualified
06/20/1957

3a. Date of Last Report
03/29/1994

2. Principal Place of Business

21 3000 HIGHWAY 17 SOUTH

2a. Mailing Address

26 P. O. BOX 1016

4. FEI Number
59-0807832

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 BARTOW, FL

City & State

28 BARTOW, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33830

Country

25 POLK

Zip

29 33831

Country

30 POLK

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

9. Name and Address of Current Registered Agent

BOOREAM, J. R.
777 ALTURAS ROAD
BARTOW FL 33830

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 required for principal officer or registered agent and title of agent or officer

(NOTE: Registered Agent signature required when recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BECKER, J N
STREET ADDRESS	518 N CROOKED LAKE DR
CITY ST ZIP	BABSON PK, FL 00000
TITLE	PD
NAME	BOOREAM, J R
STREET ADDRESS	777 ALTURAS RD
CITY ST ZIP	BARTOW, FL 00000
TITLE	VSD
NAME	BERGQUIST, J A
STREET ADDRESS	835 GEORGE ST
CITY ST ZIP	BARTOW, FL 00000
TITLE	TD
NAME	GLASGOW, R G
STREET ADDRESS	3886 MCGIRT BLVD.
CITY ST ZIP	JACKSONVILLE, FL 00000
TITLE	VD
NAME	GIBSON, D.S.
STREET ADDRESS	4905 HANCOCK LAKE RD
CITY ST ZIP	LAKELAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	GANDY III, VANCE	
13 STREET ADDRESS	1225 NORTH LAKE OTIS DRIVE	
14 CITY ST ZIP	WINTER HAVEN, FL 33880	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	WATSON, I. W.	
23 STREET ADDRESS	940 PINECREST DRIVE	
24 CITY ST ZIP	BARTOW, FL 33830	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST 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)(b), 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 937, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

D. S. Gibson

D. S. GIBSON

3-7-95

(813) 533-3191

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

System Operator