

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 203571 (5)
1. Corporation Name
POLK EQUIPMENT COMPANY INC



Principal Place of Business
**3000 HIGHWAY 17 SOUTH
BARTOW FL 33830
US**

Mailing Address
**P. O. BOX 1016 N/A
BARTOW FL 33831
US**

3. Date incorporated or Qualified **06/20/1957** 3a. Date of Last Report **03/28/1995**

4. FEI Number **59-0807832** 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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ [NOTE: Registered Agent signature required when reinstating] DATE _____
Signature, typed or printed name of registered agent and title if applicable.

| 12. OFFICERS AND DIRECTORS | | |
|----------------------------|-----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GANDY, III V | |
| STREET ADDRESS | 1225 NORTH LAKE OTIS DRIVE | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | WATSON, I. W. | |
| STREET ADDRESS | 940 PINECREST DRIVE | |
| CITY-ST-ZIP | BARTOW FL | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | BERGQUIST, J A | |
| STREET ADDRESS | 835 GEORGE ST | |
| CITY-ST-ZIP | BARTOW, FL 00000 | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | GLASGOW, R G | |
| STREET ADDRESS | 3886 MCGIRTS BLVD. | |
| CITY-ST-ZIP | JACKSONVILLE, FL 00000 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | GIBSON, D.S. | |
| STREET ADDRESS | 4905 HANCOCK LAKE RD | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BOOREAM, J. R. | |
| STREET ADDRESS | 777 ALTURAS RD | |
| CITY-ST-ZIP | BARTOW FL | |

| 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 | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-96
Date: _____ Daytime Phone # _____

CR2E034 (12/95)