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Apr 04 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33831-1016
US

3. Date Incorporated or Qualified

06/20/1957

3a. Date of Last Report

03/19/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-0807832

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

Sign date, type, and printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GANDY, III V
STREET ADDRESS 1225 NORTH LAKE OTIS DRIVE
CITY-ST-ZIP WINTER HAVEN FLTITLE D ☐ DELETE
NAME WATSON, I. W.
STREET ADDRESS 940 PINECREST DRIVE
CITY-ST-ZIP BARTOW FLTITLE VSD ☐ DELETE
NAME BERGQUIST, J A
STREET ADDRESS 835 GEORGE ST
CITY-ST-ZIP BARTOW, FL 00000TITLE TD ☐ DELETE
NAME GLASGOW, R G
STREET ADDRESS 3866 MCGIRTS BLVD.
CITY-ST-ZIP JACKSONVILLE, FL 00000TITLE VD ☐ DELETE
NAME GIBSON, D.S.
STREET ADDRESS 4905 HANCOCK LAKE RD
CITY-ST-ZIP LAKELAND FLTITLE PD ☐ 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 in an attachment with an address.

J. R. BOOREAM

PRESIDENT

2-28-97

941-533-3191

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)