

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/20/1957	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-0807832	Applied For <input type="checkbox"/> Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. 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)	815 SEMINOLE ROAD
				83	
				84 City	BABSON PARK FL 85 Zip Code 33827

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANDY, III V	1.2 NAME	
STREET ADDRESS	1225 NORTH LAKE OTIS DRIVE	1.3 STREET ADDRESS	1406 NORTH CROOKED LAKE DRIVE
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, I. W.	2.2 NAME	
STREET ADDRESS	940 PINECREST DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGQUIST, J A	3.2 NAME	
STREET ADDRESS	835 GEORGE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASGOW, R G	4.2 NAME	
STREET ADDRESS	3866 MCGIRTS BLVD.	4.3 STREET ADDRESS	675 SEMINOLE ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 00000	4.4 CITY-ST-ZIP	BABSON PARK, FL 33827
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, D.S.	5.2 NAME	
STREET ADDRESS	4905 HANCOCK LAKE RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOREAM, J. R.	6.2 NAME	
STREET ADDRESS	777 ALTURAS RD	6.3 STREET ADDRESS	815 SEMINOLE ROAD
CITY-ST-ZIP	BARTOW FL	6.4 CITY-ST-ZIP	BABSON PARK, FL 33827

14. I 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 on an attachment with an address.

SIGNATURE: *J. R. Booream* **J. R. BOOREAM** 2-23-98 941-533-3191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 941-533-3191

CR2E034 (10/97)