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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90024 007 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 203571

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

06/20/1957

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

BOOREAM, J. R.
 815 SEMINOLE RD
 BABSON PARK FL 33827

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME ~~D GANDY, III V~~
 STREET ADDRESS ~~1406 NORTH CROOKED LAKE DR~~
 CITY-ST-ZIP ~~BABSON PK FL 33827~~

TITLE DELETE

NAME ~~WATSON, I W~~
 STREET ADDRESS ~~940 PINECREST DRIVE~~
 CITY-ST-ZIP ~~BARTOW FL~~

TITLE DELETE

NAME ~~VSD BERGQUIST, J A~~
 STREET ADDRESS ~~835 GEORGE ST~~
 CITY-ST-ZIP ~~BARTOW, FL 00000~~

TITLE DELETE

NAME ~~TD GLASGOW, R G~~
 STREET ADDRESS ~~675 SEMINOLE RD~~
 CITY-ST-ZIP ~~BABSON PRK FL 33827~~

TITLE DELETE

NAME ~~VD GIBSON, D S~~
 STREET ADDRESS ~~4905 HANGCOCK LAKE RD~~
 CITY-ST-ZIP ~~LAKELAND FL~~

TITLE DELETE

NAME ~~PD BOOREAM, J. R.~~
 STREET ADDRESS ~~815 SEMINOLE RD~~
 CITY-ST-ZIP ~~BABSON PRK FL 33827~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

NAME ~~D ROBINSON, RONALD A~~
 STREET ADDRESS ~~4815 NEWSTEAD PLACE~~
 CITY-ST-ZIP ~~COLORADO, SPRINGS CO 80906~~

2.1 TITLE Change Addition

NAME ~~DP MORRISON, R.S.~~
 STREET ADDRESS ~~727 OAK BLUFF DRIVE~~
 CITY-ST-ZIP ~~DAPHNE, AL 36526~~

3.1 TITLE Change Addition

NAME ~~VT KARLIN, ROGER A~~
 STREET ADDRESS ~~2780 FARVIEW DR~~
 CITY-ST-ZIP ~~RICHFIELD WI 53076~~

4.1 TITLE Change Addition

NAME ~~S FONS, JOHN J~~
 STREET ADDRESS ~~8028 N. POPLAR DR~~
 CITY-ST-ZIP ~~FOX POINT, WI 53217~~

5.1 TITLE Change Addition

NAME
 STREET ADDRESS

6.1 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 (414) 795-6244
 Date Daytime Phone #

CR2E034 (1/198)