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Feb 09 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 275555 (1)  
1. Corporation Name  
POLK PUMP & IRRIGATION CO INC



DO NOT WRITE IN THIS SPACE

Principal Place of Business 734 SOUTH COMBEE ROAD LAKELAND FL 33801		Mailing Address 734 SOUTH COMBEE ROAD LAKELAND FL 33801	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country
9. Name and Address of Current Registered Agent SUTTON, R R 734 SOUTH COMBEE RD LAKELAND FL 33801		10. Name and Address of New Registered Agent	
81 Name		SUTTON, KR	
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 K.R. Sutton, President 02/03/98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	1.1 TITLE	
NAME	DAVIS, S L	1.2 NAME	
STREET ADDRESS	734 S COMBEE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	CHARACTER, E O JR	2.2 NAME	
STREET ADDRESS	734 S COMBEE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	
NAME	CHARACTER, E O	3.2 NAME	
STREET ADDRESS	734 S COMBEE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	
NAME	SUTTON, K R	4.2 NAME	
STREET ADDRESS	734 S COMBEE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	4.4 CITY-ST-ZIP	
TITLE	VTD	5.1 TITLE	VT
NAME	CLARIDY, JEANETTE	5.2 NAME	GAINES, KAREN L
STREET ADDRESS	734 S COMBEE ROAD	5.3 STREET ADDRESS	734 S COMBEE ROAD
CITY-ST-ZIP	LAKELAND, FL 00000	5.4 CITY-ST-ZIP	LAKELAND, FL 33801
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE K.R. Sutton 02/03/98 (941) 665-6161

CR2E034 (10/97)