FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 334068 DOCUMENT # POLK COUNTY DEVELOPMENT CORP Principal Place of Business Mailing Address 3375 US 98 SOUTH 3375 US 98 SOUTH P.O. BOX 996 P.O. BOX 996 LAKELAND FL 33802-5365 LAKELAND FL 33802-5365 3a. Date of Last Report 03/02/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Zip $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name NALLY, WILLIAM F. Street Address (P.O. Box Number is Not Acceptable) **B2** 3433 U.S. HWY. 98 SOUTH P.O. BOX 996 83 LAKELAND FL 33802 84 City 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 accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE ☐ Change Add tion NALLY, WILLIAM F. NAME 1.2 NAME 3433 U.S. HWY, 98 S. STREET ADDRESS 1.3 STREET ADDRESS LAKELAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition NALLY, WILLIAM F. NAME 2.2 NAME 3433 U.S. HWY. 98 S. STREET ADDRESS 2.3 STREET ADDRESS LAKELAND FL CHTY-ST-ZIP 24 CITY-ST-ZIP DILE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP TITLE DELETE 4 1 TITLE Change ☐ Addition NAME 4.2 NAME STHEET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST-ZIP THILE DELETE 5. 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 appears in Block 12 or Block 13 if phaps 3 or on an align that my name

SIGNATURE:

NATURE AND TYPED OR PHYSTED AME OF SUNING OFFICER OR DIRECTOR

illiam F. Nally 419-96

813-665-1642

(12/95)

CR2E034