

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 420279 (2)

1. Corporation Name

REGAL REAL ESTATE OF POLK COUNTY, INC.



Principal Place of Business

4506 SOUTH FLORIDA AVENUE
LAKELAND FL 33813-2100

Mailing Address

4506 SOUTH FLORIDA AVENUE
LAKELAND FL 33813-2100

3. Date Incorporated or Qualified
03/02/1973

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number
59-1447407

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, L K
4506 S FLA AVENUE
LAKELAND FL ~~33803~~ 33813

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 state if applicable

INCORP - Registered Agent signature required when replacing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ST
HOFFMAN, BARBARA
4506 SOUTH FLORIDA AVE
LAKELAND, FL ~~33803~~ 33813

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
HOFFMAN, L K
4506 SOUTH FLORIDA AVE
LAKELAND, FL ~~33803~~ 33813

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

ASV
BEAM, GREGORY
2434 E MAGNOLIA ST
LAKELAND FL 33801

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
BELCHER, JUDY H.
1220 BARTOW ROAD, #34
LAKELAND FL 33813
633 Victoria Square
Lakeland

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
Lois Q Searl
5315 Woodhaven
Lakeland, FL 33813

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)