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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 20 PM 4:02

DOCUMENT # **443887** **(5)**

1. Corporation Name
POLK COUNTY SERVICE CORPORATION

Principal Place of Business	Mailing Address
ONE NORTH FIRST STREET LAKE WALES FL 33853 US	ONE NORTH FIRST STREET PO BOX 1290 LAKE WALES FL 33859-1290

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/10/1974	3a. Date of Last Report: 01/24/1994
4. FEI Number: 59-1689912	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SIKES, FRANK
ONE NORTH FIRST STREET
LAKE WALES FL 33853

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Director ☐ Change ☒ Addition
NAME	HOLMES, WILLIAM E.	1.2 NAME	Henry F. Bullard
STREET ADDRESS	ONE NORTH FIRST STREET	1.3 STREET ADDRESS	One North First Street
CITY-ST-ZIP	LAKE WALES, FL 00000	1.4 CITY-ST-ZIP	Lake Wales, Fl 33853
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	SHERRER, VERA Y	2.2 NAME	
STREET ADDRESS	ONE NORTH FIRST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	WETZEL, R H	3.2 NAME	
STREET ADDRESS	ONE NORTH FIRST STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	☐ Change ☐ Addition
NAME	SIKES, FRANK	4.2 NAME	
STREET ADDRESS	ONE NORTH FIRST STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	THULLBERY, FRANK M.	5.2 NAME	
STREET ADDRESS	ONE NORTH FIRST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GODWIN, ROYCE	6.2 NAME	
STREET ADDRESS	ONE NORTH FIRST STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WALES, FL 00000	6.4 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)(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: Frank Sikes — President — 01-13-95 — (813) 676-3431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0317476 CP