

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997

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

DOCUMENT # 502463 (3)  
1. Corporation Name  
POLLARD BROTHERS ENTERPRISES, INC.

Principal Place of Business  
967 N SUNCOAST BLVD  
CRYSTAL RIVER FL 34429  
US

Mailing Address  
967 N SUNCOAST BLVD  
CRYSTAL RIVER FL 34429-5497  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 309 NW HWY 19		26 309 NW HWY 19		05/04/1976		04/30/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 CRYSTAL RIVER FL.		27 CRYSTAL RIVER FL.		59-1664259		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 34429		28 CITRUS		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 34429		25 CITRUS		29 34429		30 CITRUS	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POLLARD, STEVEN J. 2100 NW 15TH AVE. CRYSTAL RIVER FL 32829				81 Name JOHN F. POLLARD JR.			
				82 Street Address (P.O. Box Number is Not Acceptable) 1441 NW 20th Ave			
				83			
				84 City CRYSTAL RIVER 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]* DATE 6/16/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLLARD, BENN			1.2 NAME	500002217565--2		
STREET ADDRESS	1441 NW 20 AVE.			1.3 STREET ADDRESS	-06/19/97--01108--015		
CITY-ST-ZIP	CRYSTAL RIVER FL			1.4 CITY-ST-ZIP	****165.00 ****165.00		
TITLE	DTS	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLLARD, JOHN F., JR.			2.2 NAME			
STREET ADDRESS	1441 NW 20 AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			2.4 CITY-ST-ZIP			
TITLE	DP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLLARD, STEVEN J			3.2 NAME			
STREET ADDRESS	8574 W CHARLYNN LANE			3.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			3.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLLARD, JAMES P.			4.2 NAME			
STREET ADDRESS	8574 W CHARLYNN LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			4.4 CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLLARD, WILLIAM COOPER			5.2 NAME			
STREET ADDRESS	1441 NW 20 AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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: *[Signature]* DATE 6/16/97 352 2951900

CR2E034 (9/96)