

FILE NOW: FILING FEE AFTER MAY 1 1995

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUN 26 PM 1:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715327

(3)

1. Corporation Name

POLK COUNTY SILENT CLUB, INC.

Principal Place of Business

Mailing Address

P.O. BOX 425
EAGLE LAKE FL 33839

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EAGLE LAKE FL 33839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/30/1968

3a. Date of Last Report

04/22/1994

4. FEI Number

59-6140271

Not Applicable For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 120 9th ST

26 120 9th ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 ELOISE 1st

Suite, Apt. #, etc.

City & State

City & State

23 Polk

28 ELOISE, FL.

Zip Country

Zip Country

24 3880

29 3880

30 Polk C.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTOX, RAY
313 W CENTRAL AVE
WINTER HAVEN FL 33880

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

600001525396

-06/28/95--01026--017

****130.00 FL ****130.00

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
DUNN, MICHAEL W SR.
790 S. FLORAL AVE.
BARTOW FL

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

TD
Dunn, Michael W. Sr.
790 S. Floral Ave
Bartow, FL 33830

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
JENKINS, MICHAEL
120 9th ST.
ELOISE FL

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

P.D
JENKINS Michael
120 9th ST
ELOISE, FL 33830

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
JONES, JOSEPH H
P. O. BOX 786 N/A
INTERCESSION CITY FL

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

Resigned

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

GRAYSON E. WILCHER
1333 Edgewood Dr.
Lakeland, FL 33803

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 110.07(3)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Michael W. Dunn, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-95

813-533-8252
T.D.D.