

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

97 FEB 20 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715327 (3)

1. Corporation Name

POLK COUNTY SILENT CLUB, INC.

REINSTATEMENT 1996-97

Principal Place of Business

Mailing Address

120 9TH ST
ELOSIE FL 33880

120 9TH ST
ELOSIE FL 33880

PO Box 425
Eagle Lake Fla 33839

3. Date Incorporated or Qualified
09/30/1968

3a. Date of Last Report
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-6140271

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

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

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

TITLE SD
NAME WILCHER, GRAYSON E
STREET ADDRESS 1333 EDGEWOOD DR
CITY-ST-ZIP LAKELAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE Smith Cook Lester
1.2 NAME 4807 Cheiron
1.3 STREET ADDRESS Auburndale, Fla 33823

2.1 TITLE P.O.
2.2 NAME JENKINS, MICHAEL
2.3 STREET ADDRESS 120 9TH ST
2.4 CITY-ST-ZIP ELOSIE, FL 33880

3.1 TITLE Winborn Tommy V.P.
3.2 NAME
3.3 STREET ADDRESS 2445 Stanton St
3.4 CITY-ST-ZIP Auburndale, Fla 33823

4.1 TITLE
4.2 NAME 400002096984-2
4.3 STREET ADDRESS -02/25/97-01109-001
4.4 CITY-ST-ZIP *****61.25 *****61.25

5.1 TITLE
5.2 NAME 400002096984-2
5.3 STREET ADDRESS -02/25/97-01109-002
5.4 CITY-ST-ZIP *****236.25 *****236.25

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MICHAEL WILCHER REQUIRED

1-29-97

Date

Daytime Phone #

0018060

CR2E037 (3/96)