SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 31 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **718019** (3)

1. Corporation Name
POLK ASSOCIATION OF INSURANCE AGENTS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
143 W. BROADWAY FT. MEADE FL 33841 US	P. O. BOX 300 FT. MEADE FL 33841 US

3. Date Incorporated or Qualified: 02/06/1970
3a. Date of Last Report: 08/01/1994
4. FEI Number: NOT APPLICABLE ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

MCBRIDE, PATSY
143 W. BROADWAY
FT. MEADE FL 33841

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	CHAPMAN, SYBIL	12 NAME	Green Jim	
STREET ADDRESS	1129 US HWY 98, SO.	13 STREET ADDRESS	1500 6th St NW	
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	Winter Haven Fl	
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	HOLLINGSWORTH, DENNIS	22 NAME		
STREET ADDRESS	311 S. TENNESSEE AVE.	23 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP		
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	MCBRIDE, PATSY	32 NAME		
STREET ADDRESS	143 W. BROADWAY	33 STREET ADDRESS		
CITY-ST-ZIP	FT. MEADE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	SALE, ROBERT	42 NAME		
STREET ADDRESS	309 S. TENNESSEE AVE.	43 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	WALKER, ROBERT	52 NAME	Blackwelder Larry	
STREET ADDRESS	100 10TH ST., SO.	53 STREET ADDRESS	1330 Havendale Blvd.	
CITY-ST-ZIP	HAINES CIETY FL	54 CITY-ST-ZIP	Winter Haven Fl	
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	GREEN, JIM	62 NAME	Chapman Sybil	
STREET ADDRESS	1500 6TH ST NW	63 STREET ADDRESS	1129 US Hwy 98, South	
CITY-ST-ZIP	WINTER HAVEN FL	64 CITY-ST-ZIP	Lakeland Fl	

CR2E037 (3/95)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patsy McBride Patsy McBride 07/24/95 941-285-7134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0014207

D
Haines, Rebecca
205 Ave G SW
Winter Haven, Fl. 33883

D
Dicks, Carolyn
7000 Lucerne Pk Rd Ste 7
Winter Haven, Fl. 33881

D
Fugatt, Susan
244 E. Park Ave.
Lake Wales, Fl 33859