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Mar 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORTFLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 718019 (3)
1. Corporation Name
POLK ASSOCIATION OF INSURANCE AGENTS, INC.

Principal Place of Business

143 W. BROADWAY
FT. MEADE FL 33841
US

Mailing Address

P. O. BOX 300
FT. MEADE FL 33841-0300
US3. Date Incorporated or Qualified
02/06/19703a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 208 E. Park St.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 2013
Suite, Apt. #, etc.4. FEI Number
NOT APPLICABLEApplied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required23 City & State
Auburndale, FL 3382328 City & State
Auburndale, FL 33823-50136. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees24 Zip
33823Country
US29 Zip
33823-5013Country
US8. 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

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

81 Name

Lynda L. Bush

82 Street Address (P.O. Box Number is Not Acceptable)
208 E. Park St.

83

84 City

Auburndale,

FL

85 Zip Code
33823

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 *Lynda L. Bush*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/3/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME GREEN, JIM
STREET ADDRESS 1500 6TH ST NW
CITY- ST- ZIP WINTER HAVEN FL ☐ DELETE1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME Green, Jim
1.3 STREET ADDRESS
1.4 CITY- ST- ZIPTITLE VD
NAME HOLLINGSWORTH, DENNIS
STREET ADDRESS 311 S. TENNESSEE AVE.
CITY- ST- ZIP LAKELAND FL ☐ DELETE2.1 TITLE PD ☒ Change ☐ Addition
2.2 NAME Hollingsworth, Dennis
2.3 STREET ADDRESS
2.4 CITY- ST- ZIPTITLE STD ☒ DELETE
NAME MCBRIDE, PATSY
STREET ADDRESS 143 W. BROADWAY
CITY- ST- ZIP FT. MEADE FL3.1 TITLE STD ☐ Change ☒ Addition
3.2 NAME Bush, Lynda L.
3.3 STREET ADDRESS 208 E. Park St.
3.4 CITY- ST- ZIP Auburndale, FL 33823TITLE D ☒ DELETE
NAME STAACK, JACQUELYN
STREET ADDRESS 260 AVENUE A SW
CITY- ST- ZIP WINTER HAVEN FL4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Thomas, Bill
4.3 STREET ADDRESS 100 S. Kentucky Ave.
4.4 CITY- ST- ZIP Lakeland, FL 33801TITLE D ☐ DELETE
NAME BLACKWELDER, LARRY
STREET ADDRESS 1330 HAVENDALE BLVD
CITY- ST- ZIP WINTER HAVEN FL5.1 TITLE VD ☒ Change ☐ Addition
5.2 NAME Blackwelder, Larry
5.3 STREET ADDRESS
5.4 CITY- ST- ZIPTITLE D ☐ DELETE
NAME CHAPMAN, SYBIL
STREET ADDRESS 1129 US HWY 98 S
CITY- ST- ZIP LAKELAND FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 (changed) or on an attachment with an address.

SIGNATURE:

Dennis Hollingsworth, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR3/3/97
Date

Daytime Phone # 0053636

CR2E037 (9/96)

D
Rebecca Haines
205 Ave G SW
Winter Haven FL 33883

D
Carolyn Dicks
5250 Dundee Rd
Winter Haven, FL 33884

D
Maxine Cook
595 6th St NW
Winter Haven FL 33881