

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90104 002 ****61.25

DOCUMENT # 718019

1. Corporation Name

POLK ASSOCIATION OF INSURANCE AGENTS, INC.

Principal Place of Business

208 EAST PARK ST
AUBURNDALE FL 33823
US

Mailing Address

POST OFFICE BOX 2013
AUBURNDALE FL 33823-013
US



2. Principal Place of Business

21 1500 6th Street NW
Suite, Apt. #, etc.

2a. Mailing Address

26 1500 6th Street NW
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
02/06/1970

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

City & State

23 Winter Haven, FL

City & State

28 Winter Haven, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 33881 25 US

29 33881 30 US

9. Name and Address of Current Registered Agent

BUSH, LYNDAL
208 E. PARK ST
AUBURNDALE FL 33823

10. Name and Address of New Registered Agent

81 Name Green, Jim
82 Street Address (P.O. Box Number is Not Acceptable)
1500 6th Street NW
83
84 City Winter Haven FL 85 Zip Code 33881

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

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GREEN, JIM | |
| STREET ADDRESS | 1500 6TH ST NW | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HOLLINGSWORTH, DENNIS | |
| STREET ADDRESS | 311 S. TENNESSEE AVE. | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | BUSH, LYNDAL | |
| STREET ADDRESS | 208 EAST PARK ST | |
| CITY-ST-ZIP | AUBURNDALE FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | THOMAS, BILL | |
| STREET ADDRESS | 100 SO. KENTUCKY AVE. | |
| CITY-ST-ZIP | LAKELAND FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | BLACKWELDER, LARRY | |
| STREET ADDRESS | 1330 HAVENDALE BLVD | |
| CITY-ST-ZIP | WINTER HAVEN FL | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | LITTLEJOHN, WAYNE | |
| STREET ADDRESS | 260 AVE A SW | |
| CITY-ST-ZIP | WINTER HAVEN FL 33880 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----|--|
| 1.1 TITLE | STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | V/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)