

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **720818**

(4)

1. Corporation Name

SESAME GROTO OF POLK COUNTY HOLDING CORPORATION, INC.

Principal Place of Business

3030 MORGAN COMBEE RD.
P. O. BOX 3484
LAKELAND FL 33802-0348

Mailing Address

3030 MORGAN COMBEE RD.
P. O. BOX 3484
LAKELAND FL 33802-0348



3. Date Incorporated or Qualified

04/28/1971

3a. Date of Last Report

05/01/1995

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

9. Name and Address of Current Registered Agent

ELMER, STERLING J.
13470 HWY 92
DOVER FL 33527

10. Name and Address of New Registered Agent

81 Name
MENDELSON, EDWARD D.

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

83

84 City
POINCIANA

FL

85 Zip Code
34758

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

Edward D Mendelson
Signature, typed or printed name of registered agent and title if applicable.

Edward D Mendelson
(NOTE: Registered Agent signature required when reinstating)

4/11/96
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME STERLING, ELMER J.
STREET ADDRESS 13470 HWY 92
CITY-ST-ZIP SDOVER FL

TITLE S ☐ DELETE
NAME DRYDEN, CLAUDE
STREET ADDRESS 5230 NICHOLS DR, SW
CITY-ST-ZIP LAKELAND FL 33813

TITLE D ☐ DELETE
NAME GOSS, DANIEL F.
STREET ADDRESS 1520 LOAKSIDE DR.
CITY-ST-ZIP BARTOW FL

TITLE T ☐ DELETE
NAME ANDRESS, DAVID
STREET ADDRESS 535 STATE RD., 540 AW
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE
NAME MOCK, JOHN W.
STREET ADDRESS 1815 STATE RD. 540 AE
CITY-ST-ZIP LAKELAND FL

TITLE D ☒ DELETE
NAME MITCHELL, JOHN
STREET ADDRESS 208E BEACON RD.
CITY-ST-ZIP LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☒ Addition
1.2 NAME MENDELSON, EDWARD D
1.3 STREET ADDRESS 608 ESTRADA LN
1.4 CITY-ST-ZIP POINCIANA FL 34758-3353

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

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

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

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

6.1 TITLE VP ☐ Change ☒ Addition
6.2 NAME HEATH, GRADY
6.3 STREET ADDRESS 200 CAMBRIDGE SQUARE S.E.
6.4 CITY-ST-ZIP WINTER HAVEN FL 33880

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:

Edward D Mendelson Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 407-933-5141
Date Daytime Phone #

CP2E037 (12/95)