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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 756014

1. Corporation Name

THE POKE-A-DOTS, INC.

Principal Place of Business

% ALVIN BRUBAKER - BAYSHORE GARDENS
2074 SUNSET DR., BLDG. 7R APT. 32
BRADENTON FL 34207

Mailing Address

3760 LAKE BAYSHORE DR.
K-511
BRADENTON FL 34205-5168
US

180228 - 90051 - fs



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

01/22/1981

4. FEI Number

59-2128754

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

9. Name and Address of Current Registered Agent

DUNS, DORIS
3001 - 18TH AVE W.
BRADENTON FL 34205

10. Name and Address of New Registered Agent

81 Name **Eleanor Anderson**
82 Street Address (P.O. Box Number is Not Acceptable)
8515 U.S. Hwy. 41 N. Lot 106
83 **Palmetto, FL 34221**
84 City

FL 85 Zip Code
34221

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	P	<input checked="" type="checkbox"/> DELETE
NAME	WALKER, DELORIS	
STREET ADDRESS	605 22ND RD E.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BRUBAKER, ALVIN	
STREET ADDRESS	2074 SUNSET DR. 7R#32	
CITY-ST-ZIP	BRADENTON FL 34207	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DUNS, DORIS	
STREET ADDRESS	3760 LAKE BAYSHORE DR., K-511	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRINGHAM, ELINOR	
STREET ADDRESS	1700 3RD AVENUE W APT 612	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POLLEY, RUBY W	
STREET ADDRESS	910 ORLANDO AVENUE W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEAGARDIN, MARY	
STREET ADDRESS	6710 ELLENTON-GIELLETTE RD., #195	
CITY-ST-ZIP	PALMETTO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Francis Huffman	
1.3 STREET ADDRESS	2897 68th St. NW	
1.4 CITY-ST-ZIP	BRADENTON FL 34209	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Beverly Dennis	
2.3 STREET ADDRESS	3301 Cortez Rd W Lot 25	
2.4 CITY-ST-ZIP	BRADENTON, FL 34207	
3.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Eleanor Anderson	
3.3 STREET ADDRESS	8515 U.S. Hwy. 41 N. Lot 106	
3.4 CITY-ST-ZIP	Palmetto, FL 34221	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Betty Jo Holloran	
4.3 STREET ADDRESS	4110 15th Ave. W.	
4.4 CITY-ST-ZIP	BRADENTON, FL 34205	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input 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: **Doris Walker**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 16, 1999
Date Daytime Phone #

CR2E037 (11/98)