## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT #'G95074** 

(2)

1. Corporation Name C & T OF POLK, INCORPORATED  Principal Place of Business Mailing Address 704 N. LINCOLN AVE. AKELAND FL 33801-1320  LAKELAND FL 33815-1320									
						3. Date Incorporated or Qualified 04/06/1984		ate of Last 30/1996	Report
··	Place of Business	2a. Mailing Address				4. FEI Number	<del></del>	h	Applied For
Suite, Ar	ot #, etc	Suite, Apt. #, etc.				59-2457677			Not Applicable Additional
2		27				5. Certificate of Status Desired			Required
City & St	tate	City & State				6. Election Campaign Financing			May Be
Z(p)	Country	28 Zip	Cou	untry		Trust Fund Contribution  8. This corporation has liability for	r intangible		to Fees
	25	29	30	,			Yes		5. 199.032,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New R	legistered	Apent	
	RRY (ESQ), JAMES C			B1	Name				
	5 EAST ROBINSON STREET			82 5	Street Addr	ess (P.O. Box Number is Not Accepte	able)		····
	JITE 630 RLANDO FL 32801			83			<del></del>		
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				84	City		FL	<b>∫85</b> Zip	Code
		,	riorida Sta	itutes		poration submits this statement for the ion's board of directors. I hereby according to the contract of the co			
IGNATURI	[   Sugration   Typied or perfect name of registered ag			ed Agent s		ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE		
IGNATURI	OFFICERS AN	ent and toe if applicable (NC	DTE Registere	ad Agent s		ed when reinstating)	DATE		DRS IN 12
IGNATURI 2. ITLE	OFFICERS AN P BLUNT, CHARLOTTE R	ent and toe if applicable (NC ID DIRECTORS	13. 1.1 T	ed Agent s	signature requir	ed when reinstating)	DATE	DIRECTO	ORS IN 12
IGNATURI 2. TLE AME IREET ADDRES	OFFICERS AN  P BLUNT, CHARLOTTE R 30 3018 W ARLINGTON AVE.	ent and toe if applicable (NC ID DIRECTORS	13. 1.1 T 1.3 S	ed Agent ( TITLE NAME STREET AD	signature requir	ed when reinstating)	DATE	DIRECTO	ORS IN 12
IGNATURI 2. TLE AME IREFT ADDRES ITY STEZIP	OFFICERS AN  P BLUNT, CHARLOTTE R 3018 W ARLINGTON AVE. ORLANDO FL 32805	ent and toe if applicable (NC ID DIRECTORS	DTE Registere 13. 1.1 T 1.2 N 1.3 S	ed Agent s ITLE NAME STREET AD	signature requir	ed when reinstating)	DATE	D DIRECTO	PRS IN 12
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IGNATURI 2. TLE AMIL BEST ADDRES TY-ST-709 TLE	OFFICERS AN  P BLUNT, CHARLOTTE R 3018 W ARLINGTON AVE. ORLANDO FL 32805 ST CRAWFORD, MARY 2264 CRYSTAL GROVE LANE	ent and bue if applicable (NC ID DIRECTORS DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	ITLE IAME STREET AD CITY-ST-2	signature requiri	ed when reinstating)	DATE	D DIRECTO	PRS IN 12
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4. 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 607, Florida Statutes; and that my pane appears in Block 12 or Block 13 if changed, or man attachment with an address.

SIGNATURE:

THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CRAWFORD

4-1-97

**FILED** 

Apr 09 1997 8:00am

Secretary of State

e Phone #