

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:00

DOCUMENT # J05437

(5)

1. Corporation Name

JOHN C. POLK, INC.

Principal Place of Business

**318 S SCENC HWY. SUITE 104
P.O. BOX 1080
LAKE WALES FL 33859**

Mailing Address

**318 S SCENC HWY. SUITE 104
P.O. BOX 1080
LAKE WALES FL 33859**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1986

3a. Date of Last Report

03/08/1994

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

29

Zip

Country

4. FEI Number

59-2652870

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**POLK, JOHN C
318 S SCENC HWY, SUITE 104
LAKE WALES FL 33853**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable)

(Not to be completed by registered agent unless requested when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	PSD	POLK, JOHN C.	1044 SUNSET DR.
		LAKE WALES FL	
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	☐	☐

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(4)(b), Florida Statutes. I further certify that the information included 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 receive this report as required by Chapter 147, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

John C. Polk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. Polk

2-14-95

813-676-6049