

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J05437 (5)

1. Corporation Name
JOHN C. POLK, INC.



Principal Place of Business Mailing Address
310-S SCENIC HWY. SUITE 104
P.O. BOX 1080
LAKE WALES FL 33859
310-S SCENIC HWY. SUITE 104
P.O. BOX 1080
LAKE WALES FL 33859

3. Date Incorporated or Qualified 03/21/1986
3a. Date of Last Report 02/24/1995

2. Principal Place of Business 2a. Mailing Address
21 210 E. Stuart Ave. 26 P.O. BOX 1080
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Lake Wales, FL 28 Lake Wales, FL
Zip Country Zip Country
24 33853 25 Polk 29 33859-1080 30 Polk

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

10. Name and Address of New Registered Agent

POLK, JOHN C
310-S SCENIC HWY. SUITE 104
LAKE WALES FL 33853
210 E. Stuart Ave.

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 607.1503, 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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 ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: John C. Polk President 1/15/96 4416766049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)