PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

.....1 TO \$35U.700

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J05437

(5)

Mailing Address

JOHN C. POLK, INC.

Principal Prace of Business

FILED
Jan 28 1997 8:00am
Secretary of State

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210 E STUART AVE LAKE WALES FL 33853 US		P O BOX 1080 Lake Wales FL 33859 US	LAKE WALES FL 33859-1080			1.2		1
					3. Date Incorporated or Qualified 03/21/1986	3a. Date of Last R 01/29/1996	eport	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Ap	plied For	l
21		26			59-2652870	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75	Additional	i
22		27			5. Certificate of Status Desired	Fee Re	beriupe	ŀ
City & State	?	City & State			6. Election Campaign Financing	\$5.00		
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30	***************************************	Florida Statutes	Yes No		ı
5011	9. Name and Address of C	urrent registered Agent		81 Name	10. Name and Address of New Re-	Bistelen Wanit		ŀ
	K, JOHN C			Name				
	E STUART AVE			82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)		
LANE	WALES FL 33853			83		· · · · · · · · · · · · · · · · · · ·		1
				~				
			Ī	64 City		FL 85 Zip	Code	
office or re	egistered agent, or both, in the		as authorized	by the corpora	rporation submits this statement for the pation's board of directors. I hereby accep			
SIGNATURE	Monday					· · · · · · · · · · · · · · · · · · ·		
	Signature, typed or ponted name of registronic		(NOTE Registered	Agent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	C (N) 12	<u>~</u>
12.	PSD	IS AND DIRECTORS DELETE	1.1 TIT	ie I	ADDITIONS/CHANGES TO OFFIC	Change	Addition	CR2E034 (9/96)
NAME	POLK, JOHN C.		1.2 NA			United Committee		5)
STREET ADORESS	1044 SUNSET DR.			REET ADDRESS				8
CITY-ST-ZIP	LAKE WALES FL			Y-ST-ZIP				띦
TITLE		DELETE	2.1 (()			Change	Addition	片
NAME			2.2 NA			•	_	
STREET ADORESS				REET ADDRESS				
CITY-ST-ZIP				IY-ST-ZIP				
TIFLE		DELETE	3.1 (()			☐ Change	Addition	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 ST	REET ADDRESS				
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP				
TITLE		DELETE	4.1 T/T			☐ Change	Addition	
NAME			4. 2 N/	ME				
STREET ADDRESS			4.3 ST	REET ADDRESS				
CITY ST-7IP			4.4 CIT	Y-ST-ZIP				
TITLE		DELETE	5.1 111	Lŧ		Change	Addition	
NAME			52 NA	ME				
STREET ADDRESS			53\$T	reet address				
CITY: ST: ZIP			5.4 Cii	Y-ST-ZIP				
HILE		☐ DELETE	61 TIT	LE		Change	Addition	
NAME.			6.2 NA	ME				
STREET ADDRESS			63 ST	reet address				
CiTY - S1 - ZiP			6.4 CI	Y-ST-ZIP				į
1 44					3 1 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

I do hereby certify that the information supplied with this filling 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 computation or the receiver or trust the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if granged, or organ attribute with an address.

SIGNATURE:

THE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTO

John C. Polk, PRESIDENT

1-20-97 941-676-60