FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K99903** **(2)**

1. Corporation Name
POLO'S, INC.

Principal Place of Business	Mailing Address
619 S DALE MABRY HWY TAMPA FL 33609	619 S DALE MABRY HWY TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/05/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: 3580 Ulmerton Road
22: Suite, Apt. #, etc.
23: City & State: Clearwater, FL
24: Zip: 34622
25: Country: USA

2a. Mailing Address
26: 3580 Ulmerton Road
27: Suite, Apt. #, etc.
28: City & State: Clearwater, FL
29: Zip: 34622
30: Country: USA

4. FEI Number: [redacted] 65-0357882 ☐ 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

DEMAS, TOM
619 S. DALE MABRY
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name: Steven T. Demas
82 Street Address (P.O. Box Number is Not Acceptable): 3820 W Azeele St., Apt. 103
83:
84 City: Tampa, FL 85 Zip Code: 33609

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] Steven T. Demas 3-12-95
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	DVP	11 TITLE	T/S	☐ Change ☒ Addition
NAME	DEMAS, STEVEN	12 NAME		
STREET ADDRESS	3820 W. AZEELE	13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP		
TITLE	DVP	21 TITLE		☒ Change ☐ Addition
NAME	DEMAS, T.	22 NAME		
STREET ADDRESS	627 FAYETTE DR. N.	23 STREET ADDRESS		
CITY-ST-ZIP	SAFETY HARBOR FL	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Steven T. Demas President 3-12-95 813-573-7656
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CP