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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90154 020 ***150.00

DOCUMENT # L16974

1. Corporation Name
JOHN W. POLHEMUS, INC.

Principal Place of Business
340 NW ALICE AVE
STUART FL 34994

Mailing Address
340 NW ALICE AVE
STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1989

4. FEI Number

65-0142173

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1045 NE INDUSTRIAL BLVD

Suite, Apt. #, etc.

22 JEWSEN BEACH FL

23 City & State

24 34957 25 USA

26 1045 NE INDUSTRIAL BLVD

27 Suite, Apt. #, etc.

28 JEWSEN BEACH FL

29 City & State

30 34957 31 USA

32 JEWSEN BEACH FL

33 City & State

34 34957 35 USA

36 JEWSEN BEACH FL

37 City & State

38 34957 39 USA

39 JEWSEN BEACH FL

40 City & State

41 34957 42 USA

43 JEWSEN BEACH FL

44 City & State

45 34957 46 USA

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57 City & State

58 34957 59 USA

59 JEWSEN BEACH FL

60 City & State

61 34957 62 USA

62 JEWSEN BEACH FL

63 City & State

64 34957 65 USA

65 JEWSEN BEACH FL

66 City & State

67 34957 68 USA

68 JEWSEN BEACH FL

69 City & State

70 34957 71 USA

71 JEWSEN BEACH FL

72 City & State

10. Name and Address of New Registered Agent

81 Name

JOHN W POLHEMUS

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

1045 NE INDUSTRIAL BLVD

83

84 City

JEWSEN BEACH FL

85 Zip Code

34957

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME POLHEMUS, JOHN W.
STREET ADDRESS 1601 SE ST LUCIE BLVD
CITY-ST-ZIP STUART FL

TITLE P
NAME POLHEMUS, DIANE E.
STREET ADDRESS 1601 SE ST LUCIE BLVD
CITY-ST-ZIP STUART 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C
1.2 NAME POLHEMUS JOHN W
1.3 STREET ADDRESS 1045 NE INDUSTRIAL BLVD
1.4 CITY-ST-ZIP JEWSEN BEACH FL 34957

2.1 TITLE S
2.2 NAME POLHEMUS DIANE E
2.3 STREET ADDRESS 1045 NE INDUSTRIAL BLVD
2.4 CITY-ST-ZIP JEWSEN BEACH FL 34957

3.1 TITLE P
3.2 NAME POLHEMUS BRYAN W
3.3 STREET ADDRESS 1045 NE INDUSTRIAL BLVD
3.4 CITY-ST-ZIP JEWSEN BEACH FL 34957

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN W POLHEMUS CHAIRMAN

4/12/99 561-692-2440

Date

Daytime Phone

CR2E034 (11/98)