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Feb 10 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N02805 (2)

1. Corporation Name  
POLK COUNTY MODEL RAILROAD BUILDERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
C/O RAYMOND P. GIROUARD 55 LAKE LINK CIRCLE, SE WINTER HAVEN FL 33884-1043  
C/O RAYMOND P. GIROUARD 55 LAKE LINK CIRCLE, SE WINTER HAVEN FL 33884-1043

3. Date Incorporated or Qualified 04/27/1984  
3a. Date of Last Report 01/29/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-3113661 Applied For Not Applicable  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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

GIROUARD, RAYMOND P.  
55 LAKE LINK CIRCLE SE  
WINTER HAVEN FL 33880

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 D DELETED  
NAME GIROUARD, RAYMOND P.  
STREET ADDRESS 55 LAKE LINK CIRCLE SE  
CITY-ST-ZIP WINTER HAVEN FL  
TITLE D DELETED  
NAME BLOUIN, DOUG  
STREET ADDRESS 5051 VARTY RD.  
CITY-ST-ZIP WINTER HAVEN FL  
TITLE DST DELETED  
NAME DOBLER, RICHARD D.  
STREET ADDRESS 230 23RD ST., S.W.  
CITY-ST-ZIP WINTER HAVEN FL  
TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETED  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE DELETED  
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: RICHARD D. DOBLER 1/30/97 941-291-5384  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)