

FILE NOW: FILING FEE IS \$61.25

FILED
May 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # NO2805
1. Corporation Name
POLK COUNTY MODEL RAILROAD BUILDERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
55 LAKE LINK CIRCLE, S.E.
WINTER HAVEN, FL 33884-1043

3. Date Incorporated or Qualified
4/27/84

4. FEI Number 59-3113661 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 230 23RD ST., S.W.
22 City & State 27 City & State
23 Zip Country 28 WINTER HAVEN, FL
24 25 29 33880 30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
RAYMOND P. GIROUARD
55 LAKE LINK CIRCLE, S.E.
WINTER HAVEN, FL 33884-1043

10. Name and Address of New Registered Agent
81 Name RICHARD DOBLER
82 Street Address (P.O. Box Number is Not Acceptable) 230 23RD ST., S.W.
83
84 City WINTER HAVEN FL 85 Zip Code 33880

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 RICHARD D. DOBLER *Richard D. Dobler* DATE 4-28-98
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	RAYMOND P. GIROUARD
STREET ADDRESS	55 LAKE LINK CIRCLE, S.E.
CITY-ST-ZIP	WINTER HAVEN, FL 33884-1043
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	DOUG BLOWIN
STREET ADDRESS	5051 VARTY ROAD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	RICHARD DOBLER
STREET ADDRESS	230 23RD ST., S.W.
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400002539904
5.3 STREET ADDRESS	-05/29/98--01001--021
5.4 CITY-ST-ZIP	***61.25
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 *Richard D. Dobler* 4/28/98 941-291-5384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)