

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90094 047 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N02805**

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

Principal Place of Business 55 LINK CIRCLE SE WINTER HAVEN FL 33884-1043	Mailing Address 55 LINK CIRCLE SE WINTER HAVEN FL 33884-1043
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21. Principal Place of Business <b>1750 N. SCENIC HWY</b>	22. Mailing Address <b>1750 N. SCENIC HWY</b>	23. Date Incorporated or Qualified <b>04/27/1984</b>
24. Suite, Apt. #, etc.	25. Suite, Apt. #, etc.	26. FEI Number <b>59-3113661</b>
27. City & State <b>LAKE WALES, FL</b>	28. City & State <b>LAKE WALES, FL</b>	29. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
30. Zip <b>33853</b>	31. Country <b>USA</b>	32. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  
**DOBLER, RICHARD**  
**55 LAKE LINK CIRCLE SE**  
**WINTER HAVEN FL 33880**

10. Name and Address of New Registered Agent  
 81. Name **RICHARD DOBLER**  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**1750 N. SCENIC HWY**  
 83.   
 84. City **WINTER LAKE WALES** FL 85. Zip Code **33853**

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 **3-11-99**

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>GIROUARD, RAYMOND P.</b>	
STREET ADDRESS	<b>55 LAKE LINK CIRCLE SE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>BLOUIN, DOUG</b>	
STREET ADDRESS	<b>5051 VARTY RD.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>DOBLER, RICHARD D.</b>	
STREET ADDRESS	<b>230 23RD ST., S.W.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>JOHN WILKES</b>		
1.3 STREET ADDRESS	<b>2821 THORNHILL ROAD</b>		
1.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>		
2.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>BOB MILLER</b>		
2.3 STREET ADDRESS	<b>207 AVG. I, S.E.</b>		
2.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33880</b>		
3.1 TITLE	<b>DIRECTOR</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>HARRY ANDERSON</b>		
3.3 STREET ADDRESS	<b>1210 N. LAKE OTIS DRIVE</b>		
3.4 CITY-ST-ZIP	<b>WINTER HAVEN, FL 33881</b>		
4.1 TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>RICHARD DOBLER</b>		
4.3 STREET ADDRESS	<b>1750 N. SCENIC HWY</b>		
4.4 CITY-ST-ZIP	<b>LAKE WALES, FL 33853</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(l), 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, with all other like empowered.

SIGNATURE: *Richard D. Dobler* **RICHARD D. DOBLER** DATE **3-11-99** DAYTIME PHONE # **941-294-8616**

CR2E037 (11/98)