


FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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		



2. Principal Place of Business 21 7750 N. SCENIC HWY Suite, Apt. #, etc.		2a. Mailing Address 26 7750 N. SCENIC HWY Suite, Apt. #, etc.		3. Date Incorporated or Qualified 04/27/1984	
22 City & State 23 LAKE WALES, FL		27 City & State 28 LAKE WALES, FL		4. FEI Number 59-3113661	
24 Zip 33853		25 Country USA		29 Zip 33853	
30 Country USA		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent DOBLER, RICHARD 55 LAKE LINK CIRCLE SE WINTER HAVEN FL 33880		81 Name RICHARD DOBLER		82 Street Address (P.O. Box Number is Not Acceptable) 7750 N. SCENIC HWY	
		83		84 City WINTER LAKE WALES	
				85 Zip Code FL 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**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GIROUARD, RAYMOND P.	1.2 NAME	JOHN WILKES
STREET ADDRESS	55 LAKE LINK CIRCLE SE	1.3 STREET ADDRESS	2821 THORNHILL ROAD
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLOUIN, DOUG	2.2 NAME	BOB MILLER
STREET ADDRESS	5051 VARTY RD.	2.3 STREET ADDRESS	207 AVG. I, S.E.
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOBLER, RICHARD D.	3.2 NAME	HARRY ANDERSON
STREET ADDRESS	230 23RD ST., S.W.	3.3 STREET ADDRESS	1210 N. LAKE OTIS DRIVE
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	RICHARD DOBLER
STREET ADDRESS		4.3 STREET ADDRESS	7750 N. SCENIC HWY
CITY-ST-ZIP		4.4 CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)