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Aug 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N18880** (7)

1. Corporation Name

POLK COUNTY TRANSPORTATION CLUB, INC.



Principal Place of Business	Mailing Address
P.O. BOX 608 LAKELAND FL 33802 US	P. O BOX 608 LAKELAND FL 33802-0608 US

3. Date Incorporated or Qualified 01/23/1987	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2334589	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PETERSEN, GRANT D.
1408 N WESTSHORE BV STE 1000
TAMPA FL 33607

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLON, J.W.	1.2 NAME	
STREET ADDRESS	640 LAKE DEXTER CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARUTHERS, BARBARA	2.2 NAME	
STREET ADDRESS	3300 WREN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MULBERRY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWELL, STACY	3.2 NAME	
STREET ADDRESS	5134 WILLOW BROOK LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSERMAN, TRI	4.2 NAME	
STREET ADDRESS	1502 MORNING DOVE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, LES	5.2 NAME	
STREET ADDRESS	8817 RIVERLACHEN WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERVIEW FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAROS, MIKE	6.2 NAME	
STREET ADDRESS	1925 INDIAN TRANS. CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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, changed or on an attachment with an address.

SIGNATURE: **J. J. James** Secretary-Treasurer

8-15-97 (941) 967-0256

CR2E037 (9/96)

<u>Names of Officers and Directors</u>	<u>Title</u>	<u>Street Address</u>	<u>City & State</u>
Russell Cummings ✓	President	10914 Country Drive	Lakeland, Fl
Donna McShane	1st Vice-Pres.	1190 Thomasville Circle	Lakeland, Fl
Ted Threadgill	2nd Vice-Pres.	10303 Casa Alamo Drive #7	Riverview, Fl
J.W. Golon ✓	Director	640 Lake Dexter Circle	Winter Haven, Fl
Stacy Newell ✓	Director	5134 Willow Brook Lane	Lakeland, Fl
Mike Yaros ✓	Director	1925 Indian Trans.Ct.	Lakeland, Fl
Steve McCarter	Director	1422 Timberridge LP	Lakeland, Fl
J.J. James ✓	Secretary- Treasurer	2720 Avenue U. N.W.	Winter Haven, Fl

J.J. James
 POLK COUNTY TRANSPORTATION CLUB, INC.
 SECRETARY/TREASURER