# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25337 (9)

1. Corporation Name
SALES & MARKETING EXECUTIVES OF POLK COUNTY, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 100 S. KENTUCY AVE. #210<br>LAKELAND FL 33801 | P. O. BOX 2365<br>LAKELAND FL 33806-2365<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1988
3a. Date of Last Report: 02/28/1994
4. FEI Number: 59-2879387 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 P.O. Box 2365 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 LAKELAND, FL. |
| Zip 24 / Country 25 | Zip 29 33806-2365 / Country 30 USA |

9. Name and Address of Current Registered Agent

KOCHER, CARL
290 CYPRESS GARDENS BLVD
WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent

81 Name: WADE FAHNESTOCK
82 Street Address (P.O. Box Number Is Not Acceptable): 5857 HOLLYHOCK DR.
83
84 City: LAKELAND FL 85 Zip Code: 33813

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] WADE FAHNESTOCK 2-8-95
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 | VD | 1.1 TITLE | V | ☐ Change ☑ Addition |
| NAME | BLACKWELL, ROBERT | 1.2 NAME | MONTNEY, TILLIE | |
| STREET ADDRESS | 810 MISSISSIPPI AVE | 1.3 STREET ADDRESS | 3200 STATE ROAD 546 | |
| CITY-ST-ZIP | LAKELAND FL | 1.4 CITY-ST-ZIP | GRENELEFE, FL 33844 | |
| TITLE | PD | 2.1 TITLE | D | ☑ Change ☐ Addition |
| NAME | BUCHANAN, PAT | 2.2 NAME | BUCHANAN, PAT | |
| STREET ADDRESS | 4912 E. WHITE OAK DR. | 2.3 STREET ADDRESS | 4912 E. WHITE OAK DR. | |
| CITY-ST-ZIP | LAKELAND FL | 2.4 CITY-ST-ZIP | LAKELAND, FL. 33813 | |
| TITLE | VD | 3.1 TITLE | C | ☑ Change ☐ Addition |
| NAME | KOCHER, CARL | 3.2 NAME | KOCHER, CARL | |
| STREET ADDRESS | 290 CYPRESS GARDEN BLVD. | 3.3 STREET ADDRESS | 290 CYPRESS GARDENS BLVD. | |
| CITY-ST-ZIP | WINTER HAVEN FL | 3.4 CITY-ST-ZIP | WINTER HAVEN, FL. 33880 | |
| TITLE | SD | 4.1 TITLE | P | ☐ Change ☑ Addition |
| NAME | GRIFFITH, SANDRA | 4.2 NAME | FAHNESTOCK, WADE | |
| STREET ADDRESS | 1234 E. LIME ST STE D | 4.3 STREET ADDRESS | 5857 HOLLYHOCK DR. | |
| CITY-ST-ZIP | LAKELAND FL | 4.4 CITY-ST-ZIP | LAKELAND, FL. 33813 | |
| TITLE | TD | 5.1 TITLE | T | ☑ Change ☐ Addition |
| NAME | TAYLOR, CARY | 5.2 NAME | TAYLOR, CARY | |
| STREET ADDRESS | 1201 FAIRLEE ST. | 5.3 STREET ADDRESS | 1201 FAIRLEE ST. | |
| CITY-ST-ZIP | LAKELAND FL | 5.4 CITY-ST-ZIP | LAKELAND, FL. 33813 | |
| TITLE | | 6.1 TITLE | D | ☐ Change ☑ Addition |
| NAME | | 6.2 NAME | CLARK, TOM | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | 595 CYPRESS GARDENS BLVD | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | WINTER HAVEN FL 33880 | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:** [signature] CARY TAYLOR 2-8-95 813-646-2025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0057063