

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N25337 (9)**  
1. Corporation Name  
**SALES & MARKETING EXECUTIVES OF POLK COUNTY, INC**



Principal Place of Business  
**100 S. KENTUCKY AVE. #210  
LAKELAND FL 33801**

Mailing Address  
**PO BOX 2365  
LAKELAND FL 33806-2365  
US**

3. Date incorporated or Qualified  
**02/23/1988**

3a. Date of Last Report  
**02/17/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 **6607 Green Road**

Suite, Apt. #, etc.  
22

City & State  
23 **LAKELAND, FL**

Zip  
24 **33804**

Country  
25 **USA**

2a. Mailing Address  
26

Suite, Apt. #, etc.  
27

City & State  
28

Zip  
29 **33809**

Country  
30 **USA**

9. Name and Address of Current Registered Agent  
**FAHNESTOCK, WADE  
5857 HOLLYHOCK DR.  
LAKELAND FL 33813**

10. Name and Address of New Registered Agent

81 Name **LeRoy BRADLEY**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6607 Green Road**

83

84 City **LAKELAND** FL 85 Zip Code **33809**

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 **LeRoy BRADLEY** *LeRoy Bradley* **3/20/96**  
Signature, typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	MONTNEY, TILLIE	
STREET ADDRESS	3200 STATE ROAD 546	
CITY - ST - ZIP	GRENELEFE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUCHANAN, PAT	
STREET ADDRESS	4912 E. WHITE OAK DR.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	KOCHER, CARL	
STREET ADDRESS	290 CYPRESS GARDEN BLVD.	
CITY - ST - ZIP	WINTER HAVEN FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FAHNESTOCK, WADE	
STREET ADDRESS	5857 HOLLYHOCK DR.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, CARY	
STREET ADDRESS	1201 FAIRLEE ST.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, TOM	
STREET ADDRESS	595 CYPRESS GARDENS BLVD	
CITY - ST - ZIP	WINTER HAVEN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Executive Director</b>
1.3 STREET ADDRESS	<b>LeRoy Bradley</b>
1.4 CITY - ST - ZIP	<b>6607 Green Road LAKELAND, FL 33809-5339</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Secretary</b>
2.3 STREET ADDRESS	<b>Deborah Schumann</b>
2.4 CITY - ST - ZIP	<b>1457 E. Memorial Blvd LAKELAND, FL 33801</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Director</b>
3.3 STREET ADDRESS	<b>RAY FAIRER</b>
3.4 CITY - ST - ZIP	<b>PO BOX 2886 WINTER HAVEN FL 33880(WA)</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Director</b>
4.3 STREET ADDRESS	<b>MICHAEL WIGGS</b>
4.4 CITY - ST - ZIP	<b>1620 1st St SE WINTER HAVEN, FL 33880</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Director</b>
5.3 STREET ADDRESS	<b>MARTIN SILVER</b>
5.4 CITY - ST - ZIP	<b>1457 E. Memorial Blvd LAKELAND, FL 33801</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>700001780687</b>
6.3 STREET ADDRESS	<b>-04/15/96--01077--010</b>
6.4 CITY - ST - ZIP	<b>***61.25</b>

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)(k), 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: **LeRoy Bradley (LeRoy Bradley)** **2/2/96** **941-858-3736**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAY

CR2E037 (12/95)

4-1546  
JR