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ANNUAL REPORT

1995



DEPARTMENT OF STATE

Division of Corporations

ANNUAL REPORT

DOCUMENT # P92000006964 (0)

1. Registered Name

DABEC OF POLK COUNTY, INC.

Principal Place of Business

1932 18TH ST NW
WINTER HAVEN FL 33881

Mailing Address

1932 18TH ST NW
WINTER HAVEN FL 33881

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/23/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3155119

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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State, Apt. #, etc.

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City & State

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Zip

Country

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2a. Mailing Address

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State, Apt. #, etc.

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City & State

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Zip

Country

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9. Name and Address of Current Registered Agent

BALL, REBECCA W
1932 18TH ST NW
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of Registered Agent (Required when not the corporation)

Signature of Registered Agent (Required when not the corporation)

DATE

12. OFFICERS AND DIRECTORS

12.1

NAME

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ADDRESS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.02(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Part 12 or Part 13 if changed, or on an attachment with an address.

SIGNATURE: Rebecca W Ball REBECCA W BALL

2/22/95 813.293-7056

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Printed