

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO MEMSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -3 AM 9:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000044244 (0)

1. Corporation Name

POLK & ASSOCIATES, INC.

Principal Place of Business

2501 ELM AVE
SANFORD FL 32773

Mailing Address

P.O. BOX 952218
LAKE MARY FL 32795-2218

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/16/1993

3a. Date of Last Report
08/21/1994

2. Principal Place of Business

21 **106 LAUREL DR**

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 City & State
29 Zip Country

Suite, Apt. #, etc.

22 City & State

23 **SANFORD, FL**

Zip

24 **32773**

Country

25 **SEMI-AUTOMATIC**

City & State

28 **SANFORD, FL**

Zip

29 **32773**

Country

30 **USA**

4. FEI Number
59-3188661

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

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

9. Name and Address of Current Registered Agent

**POLK, JOHN K
208 FORREST DR
SANFORD FL 32773**

10. Name and Address of New Registered Agent

81 Name **JOHN K. POLK**
82 Street Address (P.O. Box Number is Not Acceptable)
106 LAUREL DR
83
84 City **SANFORD** 85 Zip Code **FL 32773**

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, such s. 607.0505, Florida Statutes.

SIGNATURE

John K. Polk

7/31/95

(Signature must be printed name of registered agent and title of applicant)

(Signature of Registered Agent required when transferring)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	POLK, JOHN K
STREET ADDRESS	POB 952218 NA
CITY - ST - ZIP	LAKE MARY FL 32795-2218
TITLE	D
NAME	POLK, DOROTHY J
STREET ADDRESS	POB 952218 NA
CITY - ST - ZIP	LAKE MARY FL 32795-2218
TITLE	D
NAME	POLK, DEBBIE L
STREET ADDRESS	POB 952218 NA
CITY - ST - ZIP	LAKE MARY FL 32795-2218
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

John K. Polk, President

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

7/31/95

Date

Signature #

CR2E034 (3/95)