

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000044244 (0)
1. Corporation Name

POLK & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

106 LAUREL DR
SANFORD FL 32773
US

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

3. Date Incorporated or Qualified

06/16/1993

3a. Date of Last Report

08/03/1995

4. FEI Number

59-3188661

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 2735 S. MELLONVILLE AVE

26 Suite, Apt. #, etc.

22 STE. #105

27 City & State

23 SANFORD, FL

28 Zip

24 32773

Country

25 SEMINOLE

29 Zip

Country

30

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 ☒

9. Name and Address of Current Registered Agent

JOHN K POLK
106 LAUREL 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)

2735 S. MELLONVILLE AVE.

83 STE. 105

84 City SANFORD

FL

85 Zip Code

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, Section 607.0505, Florida Statutes.

8/7/96

SIGNATURE

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent's signature required when terminating)

12. OFFICERS AND DIRECTORS

DELETE

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

DELETE

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

DELETE

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

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS

Change Addition

24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS

Change Addition

34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS

Change Addition

44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS

Change Addition

54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS

Change Addition

64 CITY-ST-ZIP

600001928618
-08/21/96--01069--018
***375.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUG 7th 96 404-324-3700