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3-8-95 E-1917 C

CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 2:17

DOCUMENT # **P94000058649 (2)**

1. Corporation Name
POLO BARN, INC.

Principal Place of Business	Mailing Address
204 DODGE ROAD ROWLEY MA 01969	204 DODGE ROAD ROWLEY MA 01969

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/09/1994
3a. Date of Last Report:

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip: Country:

2a. Mailing Address
26: P.O. Box 1343
27: Suite, Apt. #, etc.:
28: Brentwood, TN.
29: Zip: 37024
30: Country: DAVIDSON

4. FEI Number: 65-0525493 ☐ 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

9. Name and Address of Current Registered Agent

HARTNETT, RICHARD W
12636 MALLET CIRCLE
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name: BARBARA BOONE
82 Street Address (P.O. Box Number is Not Acceptable): 750 OLD HICKORY BLVD.
83: TWO BRENTWOOD COMMONS, SUITE 150
84 City: BRENTWOOD 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, typed or printed name of registered agent and title if applicable) (NOTE: Required! Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, JAMES R	1.2 NAME	
STREET ADDRESS	2138 GOLFCLUB LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37215	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	GREEN, JUDITH M	2.2 NAME	
STREET ADDRESS	2138 GOLFCLUB LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NASHVILLE TN 37215	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	HARTNETT, RICHARD W	3.2 NAME	
STREET ADDRESS	204 DODGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROWLEY MA 01969	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	HARTNETT, ANNE	4.2 NAME	
STREET ADDRESS	204 DODGE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROWLEY MA 01969	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is effective 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1-18-95 615/321-4102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0403478 FN