PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000071221** 1. Corporation Name

POLK MODERN SUPPLY, INC.

Principal Place	e of Business	Mailing Address			1100	FIRM IIA CAIAC ACCII ABIIC BAIST BAIST	A£ili iBBØ! mana man	11801 1181 1881
1937 BARTON PARK RD		1937 BARTON PARK RD					(
SUITE 3701		SUITE 3701				DO NOT MIDITE IN THE SPACE		
AUBURNDALE FL 33823		AUBURNDALE FL 33823			DO NOT WRITE IN THIS SPACE			
US		US			3. Date Inco	rporated or Qualifed	•	
2 D-iii D	leas of Duciness	2a. Mailing Address			4. FEI Numi			plied For
⊢ ¬ '	lace of Business				59-334		 	t Applicable
Suite, Apt.	# etc.	Suite, Apt. #, etc.					\$8.75	
22		27		5. Certifcate	of Status Desired	Fee Re		
City & State		City & State			6. Election (Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip .	Coun	try	8. This corp	oration owes the current yea		_
24	25	29	30			Property Tax.	K i Yes	□No
	9. Name and Address of Current	t Registered Agent			10. Name ar	d Address of New Registe	ered Agent	
MOD	DTON BANDY		- '	81 Name		*		
Morton, Mark 7012 Beverly RD		82 Stree		32 Street	Address (P.O. Box Number is Not Acceptable)			
	ELAND FL 33813		L	20				
D44	CENTE LE GOOTS		}	33				
	•		84 City				FL 85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statute	s, the ab	ove-named	corporation submits	his statement for the nurnos	e of changing its	registered
office or re	egistered agent, or both, in the State of manifest from familiar with, and accept the obligat	of Florida. Such change was au	thorized	by the corpo	oration's board of dire	ectors. I hereby accept the a	ppointment as re	gistered
				00				
	m 1 m		4	~		W-2	Lea	
SIGNATURE	Mort Mort	(MARKMORTON	1 nuns	(e)	equired when reinstating)	4-2 DAT	6-99	
	Signature, typed or printed name of registered agent	MARK MORTON tand title if applicable. (NOTE:	1 nuns	(e)		4-2 DAT S/CHANGES TO OFFICER	S AND DIRECTO	PRS IN 12
SIGNATURE	Morty Mort	MARK MORTON tand title if applicable. (NOTE:	Registered A	gent signature r		UA		PRS IN 12
SIGNATURE	Mort Mort Signature, typed or printed name of registered agent OFFICERS ANI	MARK MORTON t and title if applicable. (NOTE:	Registered A	gent signature r		UA	S AND DIRECTO	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI P MORTON, MARK 1315 CINNAMON WAY	MARK MORTON t and title if applicable. (NOTE:	Registered A 13. 1.1 TITL 1.2 NAM	gent signature r		UA	S AND DIRECTO	
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SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI P MORTON, MARK 1315 CINNAMON WAY LAKELAND FL VP	MARK MORTON t and title if applicable. (NOTE:	13. 1.1 TITL 1.2 NAA 1.3 STR	gent signature r E E EET ADDRESS		UA	S AND DIRECTO	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI P MORTON, MARK 1315 CINNAMON WAY LAKELAND FL VP MORTON, CORINNE	MARK MORTON t and title if applicable. (NOTE: D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITL 2.1 TITL 2.2 NAM	gent signature r E E E E E E T ST ZIP E E E E		UA	S AND DIRECTO	☐ Addition
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14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

4-26-99

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90007 004 ***150.00