

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90001 028 \*\*\*150.00

**DOCUMENT # P96000097180**

1. Corporation Name  
**POLKADORF, INC.**

Principal Place of Business  
1113 ESTERO BLVD.  
FORT MYERS BEACH FL 33931

Mailing Address  
1113 ESTERO BLVD.  
FORT MYERS BEACH FL 33931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/25/1996**

4. FEI Number

**65-0715338**

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 owes the current year  
Intangible Personal Property. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**MURTY, TIMOTHY J**  
**1633 PERIWINKLE WAY**  
**STE. A**  
**SANIBEL FL 33957**

10. Name and Address of New Registered Agent

81 Name **Brian Podlasek**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4745 Estero Blvd.**  
83  
84 City **Fort Myers** FL 85 Zip Code **33931**

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

**Brian Podlasek**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE  
NAME **PRESTIPINO, RICHARD**  
STREET ADDRESS **14894 CRESCENT COVE DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE **STD** ☒ DELETE  
NAME **PRESTIPINO, RENEE**  
STREET ADDRESS **14894 CRESCENT COVE DRIVE**  
CITY-ST-ZIP **FORT MYERS FL 33908**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **Brian Podlasek**  
1.3 STREET ADDRESS **4745 Estero Blvd.**  
1.4 CITY-ST-ZIP **Fort Myers, FL 33931**

2.1 TITLE **STD** ☐ Change ☒ Addition  
2.2 NAME **Elke Podlasek**  
2.3 STREET ADDRESS **4745 Estero Blvd.**  
2.4 CITY-ST-ZIP **Fort Myers, FL 33931**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: **Brian Podlasek**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**(941)765-6789**

CR2E034 (5/99)



## Charles Abels Massie, CPA, PA

12065 Metro Parkway, Suite 101, Fort Myers, FL 33912

Phone (941) 768-2171 / Fax (941) 768-6074

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602555-9008-28

July 12, 1999

Florida Department of State  
Division of Corporations  
Annual Reports Filings  
P. O. Box 1500  
Tallahassee, FL 32302-1500

To whom it may concern:

Re: POLKADORF, Inc.  
FEI#: 65-0715338  
Subject: Late filing of annual report

POLKADORF, Inc. is filing this report late because there was a change in management and stockholders. The prior owner did not inform, nor give the new owner the original annual report form. This report form is the first report form the new owner has received. The business changed hands on June 26, 1999. The new owners are requesting an abatement of the \$400.00 penalty for late filing due to these unusual and singular circumstances.

Enclosed please find a check in the amount of the originally required \$150.00. Thank you in advance for your consideration.

Sincerely,

Charles Abels Massie, CPA

CAM/ldy

cc: POLKADORF, Inc

Enclosure