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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000000746 (2)

1. Corporation Name

MEDLEY OF POLK COUNTY, INC.

Principal Place of Business

Mailing Address

417 S. FLORIDA AVENUE
LAKELAND FL 33803

417 S. FLORIDA AVENUE
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

4. FEI Number
59-3455421

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 417 South Florida Ave

Suite, Apt. #, etc.

22

City & State

23 Lakeland, Florida

Zip

24 33801

Country

25 USA

2a. Mailing Address

26 417 South Florida Ave

Suite, Apt. #, etc.

27

City & State

28 Lakeland, Florida

Zip

29 33801

Country

30 USA

9. Name and Address of Current Registered Agent

PUTNAM, ABEL A
100 E. MAIN STREET
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81 Name

David C. Pearce

82 Street Address (P.O. Box Number is Not Acceptable)

202 Hibriten Way

83

84 City

Lakeland

FL

85 Zip Code
33803

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

David C. Pearce, President

4/7/98

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 D ☒ DELETE

NAME PUTNAM, ABEL A
STREET ADDRESS 100 E. MAIN STREET
CITY-ST-ZIP LAKELAND FL 33801

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME David C. Pearce
1.3 STREET ADDRESS 202 Hibriten Way
1.4 CITY-ST-ZIP Lakeland, Florida 33803

2.1 TITLE Vice President ☐ Change ☒ Addition

2.2 NAME Thomas N. Winslow
2.3 STREET ADDRESS 957 South Tennessee Avenue
2.4 CITY-ST-ZIP Lakeland, Florida 33803

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; 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

David C. Pearce, President 4/7/98 (941) 682-1848

CR2E034 (10/97)