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FILED
Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S44976 (6)
 1. Corporation Name
LAKELAND PROFESSIONAL SERVICES, INC.



Principal Place of Business Mailing Address
1629 LAKELAND HILLS BLVD. LAKELAND FL 33805
1629 LAKELAND HILLS BLVD. LAKELAND FL 33805-3025

3. Date Incorporated or Qualified **04/10/1991** 3a. Date of Last Report **04/17/1996**
 4. FEI Number **59-3059813** 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
FRANCIS D DRAKE
1629 LAKELAND HILLS BLVD
LAKELAND FL 33805

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JONES, D. RICHARD	
STREET ADDRESS	819 FAIRLINGTON DR.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNGS, LUTHER A., III	
STREET ADDRESS	2420 NEWPORT AVE.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLIMON, JAMES L.	
STREET ADDRESS	819 BROOKWOOD DR.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRAKE, FRANCIS D.	
STREET ADDRESS	1108 HUNT AVE.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMSEY, ROBERT K.	
STREET ADDRESS	2304 WOODLEY AVE.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REAVIS, WILTON M., JR.	
STREET ADDRESS	4301 CLEVELAND HGTS. BLV	
CITY - ST - ZIP	LAKELAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Duque, Ricardo E	
1.3 STREET ADDRESS	1451 Hollingsworth Oaks Drive	
1.4 CITY - ST - ZIP	Lakeland FL 33803	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *[Signature]* 1/6/97 941 687 6161
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)