

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S44976 (6)**  
 1. Corporation Name  
**LAKELAND PROFESSIONAL SERVICES, INC.**



Principal Place of Business 1629 LAKELAND HILLS BLVD. LAKELAND FL 33805	Mailing Address 1629 LAKELAND HILLS BLVD. LAKELAND FL 33805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/10/1991</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3059813</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FRANCIS D DRAKE 1629 LAKELAND HILLS BLVD LAKELAND FL 33805				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	JONES, D. RICHARD			1.2 NAME	Duque, Ricardo E		
STREET ADDRESS	819 FAIRLINGTON DR.			1.3 STREET ADDRESS	1451 Hollingsworth Oaks Drive		
CITY-ST-ZIP	LAKELAND FL			1.4 CITY-ST-ZIP	Lakeland FL 33803		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNGS, LUTHER A., III			2.2 NAME			
STREET ADDRESS	2420 NEWPORT AVE.			2.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLIMON, JAMES L.			3.2 NAME			
STREET ADDRESS	819 BROOKWOOD DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DRAKE, FRANCIS D.			4.2 NAME			
STREET ADDRESS	1108 HUNT AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAMSEY, ROBERT K.			5.2 NAME			
STREET ADDRESS	2304 WOODLEY AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REAVIS, WILTON M., JR.			6.2 NAME			
STREET ADDRESS	4301 CLEVELAND HGTS. BLV			6.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			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: \_\_\_\_\_ **REQUIRED** 4/15/98

CR2E094 (10/97)