

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601723

Entity Name: LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.**Current Principal Place of Business:**215 NORTH EOLA DR.
ORLANDO, FL 32801-2028**Current Mailing Address:**215 NORTH EOLA DR.
ORLANDO, FL 32801-2028**FEI Number:** 59-1276118**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DYMOND, WILLIAM TJR
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CVP
Name	LOWNDES, JOHN F.
Address	POST OFFICE BOX 2809
City-State-Zip:	ORLANDO FL 32802

Title	DVPS
Name	MANOR, TIMOTHY J
Address	POST OFFICE BOX 2809
City-State-Zip:	ORLANDO FL 32802

Title	DVP
Name	DOSTER, WILLIAM E
Address	POST OFFICE BOX 2809
City-State-Zip:	ORLANDO FL 32802

Title	DVP
Name	BECKETT, WILLIAM A
Address	POST OFFICE BOX 2809
City-State-Zip:	ORLANDO FL 32802

Title	DP
Name	DYMOND, WILLIAM TJR
Address	POST OFFICE BOX 2809
City-State-Zip:	ORLANDO FL 32802

Title	DVPT
Name	POPE, NICHOLAS A
Address	POST OFFICE BOX 2809
City-State-Zip:	ORLANDO FL 32802

Title	DVP
Name	KANTOR, HAL H
Address	POST OFFICE BOX 2809
City-State-Zip:	ORLANDO FL 32802

Title	DVP
Name	BOZZUTO, JACQUELINE
Address	POST OFFICE BOX 2809
City-State-Zip:	ORLANDO FL 32802

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM T. DYMOND, JR.**PRESIDENT****02/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DVP
Name BRENNER, MATTHEW G
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name CAVANAUGH, CASEY M
Address POST OFFICE BOX 2809
City-State-Zip: ORLANDO FL 32802

Title DVP
Name DOBREV, ALEXANDER B
Address POST OFFICE BOX 2809
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Title DVP
Name FITZGERALD, MIRANDA
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Title DVP
Name FREY, JULIA L
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Title DVP
Name GIBBS, JON M
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Title DVP
Name GOROVITZ, AARON J
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Title DVP
Name HEEKIN, JAMES F JR
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Name HOCTOR, JAMES J
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Title DVP
Name KALEITA, GARY M
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Title DVP
Name LANE, JOSEPH A

Title DVP
Name BURKET, DALE A
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Name DELLINGER, RICHARD S
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Name FILDES, RICHARD J
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Name GIBBONS, MICHAEL R
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Name HANKINS, LINDA C
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Name HIGGINS, ROBERT F
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Name JOHNSON, JASON W
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Title DVP
Name LEVEL, MEREDITH E
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Title DVP
Name LOPEZ, PETER L
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Name MCINTOSH, DANIEL F
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