FILE !	NOW:	FILING	FEE	AFTER	MAY	1	IS	\$225.00)
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PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

(0)

LAWRE	NCE K. COOK, D.D.S., P.	Α.								
Principal Place 407 SOUTH K LAKELAND FL	KENTUCKY AVENUE	Mailing Address 407 SOUTH KENTUCKY AVENUE LAKELAND FL 33801			I TORTIEL BISK 1880) DIVIN BINS BIDIN DIGT DIDIK EIDIN DIDIK DIDIK DIDIK BIDIK DIDIK DIDIK DIDIK DIDIK DIDIK					
						3. Date Incorporated or Qualified 07/15/1978	3a. Date of L 04/03			
	ace of Business	2a. Mailing Address				4. FEI Number	·!	Applied For		
21		26				59-1836092		Not Applica		
Sulfie, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$	\$8.75 Additional Fee Required		
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25	Ζiρ 29			'	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes				
[24]	g. Name and Address of Curre		30	Ţ		10. Name and Address of New Ri		<u> </u>		
	g, rame and radioso of Carre	The Hegistered Agent	· · · · · · · · · · · · · · · · · · ·	81	Name	IV. Name and Address of New H	ahisteren when	······································		
COOK, L	AWRENCE K.			-		/DO Day Number is New Assessment				
	TH KENTUCKY AVENUE			82	Street Addre	ss (P.O. Box Number is Not Acceptable	e)			
LAKELAN	ID FL			83						
				84	City		FL B	Zip Code		
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	utes, the ab	ove-r	named corpora	tion submits this statement for the purp	oose of changin	g its registered of	ffice	
or register familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	rida. Such change was author	ized by the	corp	oration's board	of directors. I hereby accept the appo	intment as regis	itered agent. I an	n	
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (f	NOTE: Registere	d Agen	nt signature required	Mien reinstating	DATE			
12.	OFFICERS AF	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		ECTORS IN 12		
TITLE	PST	☐ DELETE	1.1	TITLE			☐ Ch	ange Addition	on	
NAME	COOK, LAWRENCE K		1.21	NAME	ļ					
STREET ADDRESS	407 S KENTUCKY AVE		1.3 \$		ADDRESS					
CITY-ST-ZIP	LAKELAND FL	P' OF FT		CITY - S	ST-ZIP					
TITLE		DELETE	1	TITLE			☐ Ch	ange 🔲 Additio)n	
NAME STORES ADDRESS				NAME						
STREET ADDRESS CITY-ST-ZIP				SIKEET SITY-S	ADDRESS					
TITLE		DELETE		TITLE	11-215	☐ Change ☐ F			 on	
NAME			3.21	NAME						
STREET ADDRESS			3.3	STREET	T ADDRESS					
CITY-ST-ZIP			3.4 (CITY - S	S1-ZIP					
TITLE		□ DELETE	4.1	TITLE			☐ Ch	ange 🔲 Additio	on.	
NAME				NAME						
STREET ADDRESS			4.3 9	STREET	ADDRESS					
CITY-ST-ZIP		☐ DELETE		CITY-S	ST - ZIP			none D Additio		
TITLE NAME				TITLE			☐ Ch	ange 🔲 Additio	ЭП	
STREET ADDRESS				NAME STREET	ADDRESS					
CITY-ST-ZIP			- E		ADDRESS					
TITLE		☐ DELETE		CITY-S THLE	. 411		Ch	ange	on.	
NAME		_		NAME			L.J ***			
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S						
certify that oath; that I	the information indicated on this apr	nual report or supplemental an poration or the receiver or trust	rnished and inual report tee empowe	doe:	s not qualify for	the exemption stated in Section 119.0 and that my signature shall have the streport as required by Chapter 607, Flo	same legal effec	t as if made unde	or	

SIGNATURE:

Lawrence K. Cook

(941)688-1537