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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Secretary of State

FILED Mar 04 1998 8:00am Secretary of State

	1998	DIVISION OF C	ORPORATIONS	3 Scorciary	of State
	MENT # 575644 ENCE K. COOK, D.D.S., P.A	• •			
Principal Plac	ce of Business	Mailing Address		ı iddiği gilir tüğlet diriş bişki bibir dibi dibi dikil	OLORA RABAS DEDIT OLORI OLORE 100:
	KENTUCKY AVENUE	407 SOUTH KENTUCKY A	VENUE		
LAKELAND F	L 33801	LAKELAND FL 33801		DO NOT WRITE IN TH	HIS SPACE
				3. Date Incorporated or Qualified	
				07/15/1978	
2, Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#, elc.	Suite, Apt. #, etc.		59-1836092	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to Fees
24	25	<u> </u>	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
	g, Name and Address of Currer		301	10. Name and Address of New Register	
CO	OOK, LAWRENCE K.		81 Name		
	ANT COURSE APART SOLVE ASSESSED			ress (P.O. Box Number is Not Acceptable)	
LAI	KELAND FL			TOSC (* .C. DOX TOTALDO TO TOC POSOPIADA)	
			63		
			84 City		85 Zip Code
44 Pursuant	to the provisions of Sections 607 050	12 and 607 1509 Florida Statuto	s the phase parced as		L SO ZIP COOR
office or r	registered agent, or both, in the State	of Florida. Such change was a	uthorized by the corpora	poration submits this statement for the purposition's board of directors. I hereby accept the	appointment as registered
	um tamiliar with, and accept the oblig	ations of, Section 607.0505, Flor	rida Statutes.		-
SIGNATURE	Signature, typed or printed name of registered age	ant and little if applicable (NOTE:	Registered Agent signature requ	ired when reinstating) DA1	E
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PST	DELETE	1.1 TITLE		Change Addition
NAME CONCEY LOOPINGS	COOK, LAWRENCE K		1.2 NAME		
STREET ADDRESS CITY-ST-ZIP	407 S KENTUCKY AVE LAKELAND FL		1.3 STREET ADDRESS		
TITLE	DARCEMID FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	man kad	
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
TITLE		Detere	3.4. CITY-ST-ZIP		
NAME .		☐ DELETE	4.1 TITLE 4.2 NAME		Change Addition
STREET ADDRESS			4.2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-St-zip		İ
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - 7IP		

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: $\hat{\alpha}$

Lowrence Klook

Lawrence K. Cook

(941)688-1537