

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H77675** (7)

1. Corporation Name  
**DRS. CONVERSE AND LESSARD, P.A.**



Principal Place of Business: **7511 FOLK WAY LAKELAND FL 33809**  
Mailing Address: **7511 FOLK WAY LAKELAND FL 33809**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, and Zip/County.

3. Date Incorporated or Qualified: **09/25/1985**  
3a. Date of Last Report: **02/16/1995**  
4. FFL Number: **59-2594160**  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**BORGLUM, KURT R., P.A.  
NCNB BANK BLDG STE 1  
150 S HWY 17-92  
DEBARY FL 32713**

10. Name and Address of New Registered Agent  
81 Name: **KURT R. BORGLUM, P.A.**  
82 Street Address: **366 EAST GRAVES AVE**  
83 **SUITE B**  
84 City: **ORANGE CITY FL** 85 Zip Code: **32763**

11. Pursuant to the provisions of Sections 607.0522 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 607.0522, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	LESSARD, PAUL, O.D.	130 E. MEMORIAL BLVD. LAKELAND FL	<input type="checkbox"/> DELETE
TITLE	STD	CONVERSE, JUNE, O.D.	130 E. MEMORIAL BLVD. LAKELAND FL	<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE
TITLE				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. TITLE	7. NAME	7. STREET ADDRESS	7. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. TITLE	11. NAME	11. STREET ADDRESS	11. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15. TITLE	15. NAME	15. STREET ADDRESS	15. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19. TITLE	19. NAME	19. STREET ADDRESS	19. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23. TITLE	23. NAME	23. STREET ADDRESS	23. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27. TITLE	27. NAME	27. STREET ADDRESS	27. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	31. NAME	31. STREET ADDRESS	31. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35. TITLE	35. NAME	35. STREET ADDRESS	35. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
39. TITLE	39. NAME	39. STREET ADDRESS	39. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
43. TITLE	43. NAME	43. STREET ADDRESS	43. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
47. TITLE	47. NAME	47. STREET ADDRESS	47. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	51. NAME	51. STREET ADDRESS	51. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
55. TITLE	55. NAME	55. STREET ADDRESS	55. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
59. TITLE	59. NAME	59. STREET ADDRESS	59. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
63. TITLE	63. NAME	63. STREET ADDRESS	63. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
67. TITLE	67. NAME	67. STREET ADDRESS	67. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
71. TITLE	71. NAME	71. STREET ADDRESS	71. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
75. TITLE	75. NAME	75. STREET ADDRESS	75. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
79. TITLE	79. NAME	79. STREET ADDRESS	79. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
83. TITLE	83. NAME	83. STREET ADDRESS	83. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
87. TITLE	87. NAME	87. STREET ADDRESS	87. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
91. TITLE	91. NAME	91. STREET ADDRESS	91. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
95. TITLE	95. NAME	95. STREET ADDRESS	95. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or attached, or on an attachment with an address.

SIGNATURE: *Paul Lessard* **PAUL LESSARD**

3-10-96

CR2E034 (12/95)