

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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90256 042 ***150.00

UNCLASSIFIED

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **H77675**

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **3730 US HWY 98N**

2a. Mailing Address
 26

Suite, Apt. #, etc.
 22

Suite, Apt. #, etc.
 27

City & State
 23 **LAKELAND, FL**

City & State
 28

Zip Country
 24 **33809 USA**

Zip Country
 29 30

3. Date Incorporated or Qualified
09/25/1985

4. FEI Number
59-2594160

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BORGLUM, KURT R., P.A.
 NCNB-BANK BLDG STE-1
 150 S HWY 17-92
 DEBARY FL 32713**

81 Name **PAUL LESSARD**
 82 Street Address (P.O. Box Number is Not Acceptable)
7511 FOLK WAY
 83
 84 City **LAKELAND FL** 85 Zip Code **33809**

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 *Paul Lessard* **PAUL LESSARD** **2-15-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **PD LESSARD, PAUL, O.D.**
 STREET ADDRESS **130 E. MEMORIAL BLVD.**
 CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS **7511 FOLK WAY**
 1.4 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE DELETE
 NAME **STD CONVERSE, JUNE, O.D.**
 STREET ADDRESS **130 E. MEMORIAL BLVD.**
 CITY-ST-ZIP **LAKELAND FL**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS **7511 FOLK WAY**
 2.4 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE: *Paul Lessard* **PAUL LESSARD, PRES.** **2-15-99** **941-853-1132**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)