

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # K29492

1. Entity Name

CLARK, CAMPBELL & MAWHINNEY, P.A.



Principal Place of Business

500 SOUTH FLORIDA AVE
STE 800
LAKELAND FL 33801

Mailing Address

500 SOUTH FLORIDA AVE
STE 800
LAKELAND FL 33801

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2898081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLARK, RONALD L.
500 SOUTH FLORIDA AVE.
STE 800
LAKELAND FL 33801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
NAME CLARK, RONALD L.
STREET ADDRESS 500 S. FLORIDA AVE, STE 800
CITY- ST- ZIP LAKELAND FL 33801

TITLE DVS ☐ Delete
NAME CAMPBELL, TIMOTHY
STREET ADDRESS 500 S. FLORIDA AVE, STE 800
CITY- ST- ZIP LAKELAND FL 33801

TITLE DV ☐ Delete
NAME MAWHINNEY, JOSEPH P
STREET ADDRESS 500 SOUTH FLORIDA AVE STE 800
CITY- ST- ZIP LAKELAND FL 33801

TITLE DT ☐ Delete
NAME LACASTER, JOHN J
STREET ADDRESS 500 SOUTH FLORIDA AVE STE 800
CITY- ST- ZIP LAKELAND FL 33801

TITLE DAS ☐ Delete
NAME GENTRY, BERNARD H
STREET ADDRESS 500 SOUTH FLORIDA AVE STE 800
CITY- ST- ZIP LAKELAND FL 33801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000036268
CITY- ST- ZIP 02/06/04-80050-025 150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

863-647-5337