

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S44976**

(6)

1. Corporation Name

LAKELAND PROFESSIONAL SERVICES, INC.

Principal Place of Business

**1629 LAKELAND HILLS BLVD.
LAKELAND FL 33805**

Mailing Address

**1629 LAKELAND HILLS BLVD.
LAKELAND FL 33805**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/10/1991

3a. Date of Last Report

04/27/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

27 City & State

28

Zip

Country

4. FEI Number

59-0059813

Applied For

Not Applicable

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**FRANCIS D DRAKE
1629 LAKELAND HILLS BLVD
LAKELAND FL 33805**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

JONES, D. RICHARD

STREET ADDRESS

819 FAIRLINGTON DR.

CITY - ST - ZIP

LAKELAND FL

TITLE

D

NAME

YOUNGS, LUTHER A., III

STREET ADDRESS

2420 NEWPORT AVE.

CITY - ST - ZIP

LAKELAND FL

TITLE

D

NAME

HOLIMON, JAMES L.

STREET ADDRESS

819 BROOKWOOD DR.

CITY - ST - ZIP

LAKELAND FL

TITLE

D

NAME

DRAKE, FRANCIS D.

STREET ADDRESS

1108 HUNT AVE.

CITY - ST - ZIP

LAKELAND FL

TITLE

D

NAME

RAMSEY, ROBERT K.

STREET ADDRESS

2304 WOODLEY AVE.

CITY - ST - ZIP

LAKELAND FL

TITLE

D

NAME

REAVIS, WILTON M., JR.

STREET ADDRESS

4301 CLEVELAND HGTS. BLV

CITY - ST - ZIP

LAKELAND FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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 110.07(3)(a), 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:

James L. Holimon MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-95 8136876161
Date Daytime Phone #