

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Jan 26 1998 8:00am  
Secretary of State

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

4. FEI Number

59-3059813

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME JONES, D. RICHARD  
STREET ADDRESS 819 FAIRLINGTON DR.  
CITY-ST-ZIP LAKELAND FL

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Duque, Ricardo E  
1.3 STREET ADDRESS 1451 Hollingsworth Oaks Drive  
1.4 CITY-ST-ZIP Lakeland FL 33803

TITLE D ☐ DELETE  
NAME YOUNGS, LUTHER A., III  
STREET ADDRESS 2420 NEWPORT AVE.  
CITY-ST-ZIP LAKELAND FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME HOLIMON, JAMES L.  
STREET ADDRESS 819 BROOKWOOD DR.  
CITY-ST-ZIP LAKELAND FL

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

TITLE D ☐ DELETE  
NAME DRAKE, FRANCIS D.  
STREET ADDRESS 1108 HUNT AVE.  
CITY-ST-ZIP LAKELAND FL

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

TITLE D ☐ DELETE  
NAME RAMSEY, ROBERT K.  
STREET ADDRESS 2304 WOODLEY AVE.  
CITY-ST-ZIP LAKELAND FL

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

TITLE D ☐ DELETE  
NAME REAVIS, WILTON M., JR.  
STREET ADDRESS 4301 CLEVELAND HGTS. BLV  
CITY-ST-ZIP LAKELAND FL

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.

SIGNATURE:

*[Signature]* REQUIRED

4/15/98

CR2E034 (10/97)