

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90038 043 ***150.00

0439811

DOCUMENT # S44976

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
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANCIS D DRAKE
1629 LAKELAND HILLS BLVD
LAKELAND FL 33805

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 ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-99

Date

Daytime Phone #

CR2E034 (11/98)