

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K29492

Entity Name: CLARK, CAMPBELL, LANCASTER & MUNSON, P.A.**Current Principal Place of Business:**500 SOUTH FLORIDA AVE
STE 800
LAKELAND, FL 33801**Current Mailing Address:**500 SOUTH FLORIDA AVE
STE 800
LAKELAND, FL 33801**FEI Number:** 59-2898081**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLARK, RONALD L.
500 SOUTH FLORIDA AVE.
STE 800
LAKELAND, FL 33801 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	CHAIRMAN
Name	CLARK, RONALD L.
Address	500 S. FLORIDA AVE, STE 800
City-State-Zip:	LAKELAND FL 33801

Title	PRESIDENT
Name	CAMPBELL, TIMOTHY
Address	500 S. FLORIDA AVE, STE 800
City-State-Zip:	LAKELAND FL 33801

Title	DT
Name	LANCASTER, JOHN J
Address	500 SOUTH FLORIDA AVE STE 800
City-State-Zip:	LAKELAND FL 33801

Title	D, VP
Name	WORKMAN, MICHAEL E
Address	500 S FLORIDA AVE STE 800
City-State-Zip:	LAKELAND FL 33801

Title	D
Name	GEARY, JOSEPH A
Address	500 S. FLORIDA AVE STE 800
City-State-Zip:	LAKELAND FL 33801

Title	D
Name	MUNSON, PETER J
Address	500 S. FLORIDA AVE STE 800
City-State-Zip:	LAKELAND FL 33801

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL E. WORKMAN

VICE PRESIDENT

02/04/2014

Electronic Signature of Signing Officer/Director Detail_____
Date