

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000041900

Entity Name: LAKIN ROBINSON DURHAM KANE KURPIERS, P.A.**Current Principal Place of Business:**WELLS FARGO CENTER
100 S ASHLEY DR STE 800
TAMPA, FL 33602**Current Mailing Address:**442 OLD MAIN STREET
BRADENTON, FL 34205 US**FEI Number:** 81-2705034**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAKIN, JOHN F
6508 GRAND ESTUARY TRAIL #104
BRADENTON, FL 34212 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	P
Name	LAKIN, JOHN F
Address	WELLS FARGO CENTER 100 S ASHLEY DR STE 800
City-State-Zip:	TAMPA FL 33602

Title	VP
Name	ROBINSON, LAYON II
Address	WELLS FARGO CENTER 100 S ASHLEY DR STE 800
City-State-Zip:	TAMPA FL 33602

Title	T
Name	KANE, PATRICK J
Address	WELLS FARGO CENTER 100 S ASHLEY DR STE 800
City-State-Zip:	TAMPA FL 33602

Title	S
Name	KURPIERS, RONALD J II
Address	WELLS FARGO CENTER 100 S ASHLEY DR STE 800
City-State-Zip:	TAMPA FL 33602

Title	S
Name	DURHAM, BRYCE V
Address	WELLS FARGO CENTER 100 S ASHLEY DR STE 800
City-State-Zip:	TAMPA FL 33602

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: JOHN F. LAKIN**PARTNER****03/07/2018**

Electronic Signature of Signing Officer/Director Detail

Date