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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **183851** **(5)**

1. Corporation Name
JAMERSON-LAWSON CORPORATION

Principal Place of Business	Mailing Address
2517 E COLONIAL SUITE B	**2517 E COLONIAL SUITE B**
[redacted]	[redacted]
ORLANDO FL 32803	**ORLANDO FL 32803-0097**

2. Principal Place of Business	2a. Mailing Address
21 2517-B East Colonial Dr.	26 2517-B East Colonial Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Orlando, FL	28 Orlando, FL
Zip / Country	Zip / Country
24 32803 / 25 USA	29 32803 / 30 USA

3. Date Incorporated or Qualified: **03/10/1955**
3a. Date of Last Report: **03/18/1996**
4. FEI Number: **59-6063417** ☐ 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	10. Name and Address of New Registered Agent
JAMERSON, HOMER B. **2517-B EAST COLONIAL DR.** **ORLANDO, FL** **32803**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	☐ DELETE	1.1 TITLE	President/S/D	☒ Change ☐ Addition
NAME	JAMERSON, HOMER		1.2 NAME	Jamerson, Homer B.	
STREET ADDRESS	2517 E COLONIAL SUITE B		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		1.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE	PTD	☐ DELETE	2.1 TITLE	Vice President/T/D	☒ Change ☐ Addition
NAME	JAMERSON, COY W JR		2.2 NAME	Jamerson, Coy W., Jr.	
STREET ADDRESS	2517 E COLONIAL SUITE B		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		2.4 CITY-ST-ZIP	Orlando, FL 32803	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: Homer B. Jamerson TITLE President 2-24-97 407 894-7821
HOMER B. JAMERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone