V: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:18

DOCUMENT # 704969 (5)

1. Corporation Name
EDWARD LAWRENCE, INC.

Principal Place of Business	Mailing Address
527 9TH AVENUE NORTH ST PETERSBURG FL 33701	527 9TH AVENUE NORTH ST PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/21/1962
3a. Date of Last Report: 02/24/1994
4. FEI Number: 59-1004437 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LANDERS, GRACE
527 9TH AVENUE NORTH
APT. 8
ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

01 Name: Gabe Martineau
02 Street Address (P.O. Box Number is Not Acceptable): 527 9th Ave. N.
03: Apt #14
04 City: St. Petersburg FL 05 Zip Code: 33701

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: Gabe Martineau 1-16-95
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	T	1.1 TITLE: T	☒ Change ☐ Addition
NAME	LANDERS, GRACE	1.2 NAME: MARTINEAU, Gabe	
STREET ADDRESS	527 9TH AVENUE NORTH #8	1.3 STREET ADDRESS: 527 9TH Ave. N. #14	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	1.4 CITY-ST-ZIP: St Petersburg, FL 33701	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	PARKS, THOMAS	2.2 NAME	
STREET ADDRESS	525 9TH AVENUE NORTH #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	DRUES, ANNA	3.2 NAME	
STREET ADDRESS	525 9TH AVENUE NORTH #29	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CHASE, AGATHA	4.2 NAME	
STREET ADDRESS	527 9TH AVENUE NORTH #34	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	HIGLEY, JUDITH	5.2 NAME	
STREET ADDRESS	527 9TH AVENUE NORTH #28	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gabe Martineau 1-16-95 878-7308
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

004A01