

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000067158 (2)**

1. Corporation Name  
**LAWSON LAND COMPANY**

Principal Place of Business

8160 NW 93 ST  
MEDLEY FL 33166

Mailing Address

8160 NW 93 ST  
MEDLEY FL 33166



3. Date Incorporated or Chartered: **08/30/1995** 3a. Date of Last Report: **N/A**

4. FEIN number: **65-0616145** Applied For Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaigns 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Zip Country

25. Zip Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip Country

30. Zip Country

9. Name and Address of Current Registered Agent

**WOLFE, MELVIN**  
**10651 N KENDALL DR SUITE 200**  
**MIAMI FL 33176**

10. Name and Address of New Registered Agent

81. Name: **JOHN E. LAWSON, SR.**

82. Street Address (P.O. Box Number is Not Acceptable): **8160 N.W. 93 STREET**

83. City: **MEDLEY**

84. City: **MEDLEY**

85. Zip Code: **FL 33166**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, as set forth in this 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: *John Lawson*

3-28-96

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	-0-	<input type="checkbox"/> DELETE	TITLE	D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, JOHN		1. TITLE		
STREET ADDRESS	8160 NW 93 ST		2. NAME		
CITY-ST-ZIP	MEDLEY FL 33166		3. STREET ADDRESS		
TITLE	-0-	<input type="checkbox"/> DELETE	4. CITY-STATE-ZIP		
NAME	LAWSON, DANIEL		5. TITLE	D, S, T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8160 NW 93 ST		6. NAME		
CITY-ST-ZIP	MEDLEY FL 33166		7. STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	8. CITY-STATE-ZIP		
NAME			9. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			10. NAME		
CITY-ST-ZIP			11. STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	12. CITY-STATE-ZIP		
NAME			13. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			14. NAME		
CITY-ST-ZIP			15. STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	16. CITY-STATE-ZIP		
NAME			17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			18. NAME		
CITY-ST-ZIP			19. STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	20. CITY-STATE-ZIP		
NAME			21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			22. NAME		
CITY-ST-ZIP			23. STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	24. CITY-STATE-ZIP		
NAME			25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			26. NAME		
CITY-ST-ZIP			27. STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	28. CITY-STATE-ZIP		
NAME			29. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			30. NAME		
CITY-ST-ZIP			31. STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	32. CITY-STATE-ZIP		
NAME			33. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			34. NAME		
CITY-ST-ZIP			35. STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing is information and does not qualify for the exemption stated in Section 199.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and correct 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 of this report, or on an attachment with an address.

SIGNATURE: *John Lawson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 14, 1996 (305) 888-5515

CR2E034 (12/95)