

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**Apr 18 1997 8:00am  
Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 33166-2030**

3. Date Incorporated or Qualified: **08/30/1995**  
3a. Date of Last Report: **04/02/1996**

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

4. FEI Number: **65-0616145**  
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  
**LAWSON, JOHN E SR  
8160 N.W. 93 STREET  
MEDLEY FL 33166**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: **DPST**  DELETE  
NAME: **LAWSON, JOHN** *JOHN LAWSON, SR.*  
STREET ADDRESS: **8160 NW 93 ST MEDLEY FL**  
CITY - ST - ZIP: \_\_\_\_\_  
TITLE: **DST**  DELETE  
NAME: **LAWSON, DANIEL**  
STREET ADDRESS: **8160 NW 93 ST MEDLEY FL**  
CITY - ST - ZIP: \_\_\_\_\_  
TITLE: \_\_\_\_\_  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_  
TITLE: \_\_\_\_\_  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_  
TITLE: \_\_\_\_\_  DELETE  
NAME: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_  
CITY - ST - ZIP: \_\_\_\_\_

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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: *John Lawson* **SIGNATURE REQUIRED** **4/14/97 (305) 888-5515**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)