

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

FILED

Jan 14 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 # P95000091113 (7)

1. Corporation Name

JACK A. LAWRENCE & COMPANY, INC.

Principal Place of Business

3025 RANCHETTE SQ  
GULF BREEZE FL 32561

Mailing Address

P.O. BOX 6452  
GULF BREEZE FL 32561-6452



3. Date Incorporated or Qualified

11/29/1995

3a. Date of Last Report

03/25/1996

2. Principal Place of Business

21 2387 West Bayshore Rd

2a. Mailing Address

26 Suite, Apt. #, etc

22 State, Apt. #, etc

27 Suite, Apt. #, etc

23 City & State

Gulf Breeze, FL

28 City & State

Gulf Breeze, FL

24 Zip

32561

25 Country

Santa Rosa

29 Zip

30 Country

4. FEI Number

APPLIED FOR 59-3358764

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

LAWRENCE, JACK A  
3025 RANCHETTE SQ  
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

same

82 Street Address (P.O. Box Number is Not Acceptable)

2387 West Bayshore Rd

83

84 City

Gulf Breeze

FL

85 Zip Code

32561

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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature required for principal officer or director, or both, if changed or if reinstating.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LAWRENCE, JACK A	
STREET ADDRESS	3025 RANCHETTE SQ	
CITY-STATE-ZIP	GULF BREEZE FL 32561	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARTMAN, TERRY	
STREET ADDRESS	2376 OSPREY DR	
CITY-STATE-ZIP	GULF BREEZE FL 32561	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WOODLE, SHIRLEY	
STREET ADDRESS	3253 STANFORD RD	
CITY-STATE-ZIP	GULF BREEZE FL 32561	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JOHNSON, JOHN	
STREET ADDRESS	207 RODNEY AVE	
CITY-STATE-ZIP	FT WALTON BEACH FL 32548	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	2387 West Bayshore Rd.
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. A. Lawrence

1-7-96

904-932-8400

0489889

CR2E034 (9/96)