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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 33701-1659

3. Date Incorporated or Qualified
12/21/1962

3a. Date of Last Report
04/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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

MARTINEAU, GABE
527 9TH AVENUE NORTH
APT 14
ST PETERSBURG FL 33701

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

T ☐ DELETE
NAME MARTINEAU, GABE
STREET ADDRESS 527 N 9TH AVE #14
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD ☐ DELETE
NAME PARKS, THOMAS
STREET ADDRESS 525 9TH AVENUE NORTH #2
CITY-ST-ZIP ST PETERSBURG FL 33701

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

S ☐ DELETE
NAME DRUES, ANNA
STREET ADDRESS 525 9TH AVENUE NORTH #29
CITY-ST-ZIP ST PETERSBURG FL 33701

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D ☒ DELETE
NAME CHASE, AGATHA
STREET ADDRESS 527 9TH AVENUE NORTH #34
CITY-ST-ZIP ST PETERSBURG FL 33701

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Gerard Martineau
4.3 STREET ADDRESS 527 9th Ave. North #10
4.4 CITY-ST-ZIP St. Petersburg, FL 33701

VD ☒ DELETE
NAME HIGLEY, JUDITH
STREET ADDRESS 527 9TH AVENUE NORTH #28
CITY-ST-ZIP ST PETERSBURG FL 33701

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Joe Landers
5.3 STREET ADDRESS 527 9 Ave. North
5.4 CITY-ST-ZIP St. Petersburg, FL 33701

☐ DELETE
NAME
STREET ADDRESS
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0049768

CR2E037 (9/96)