**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # G58745



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90156 024 \*\*\*150.00



LAWTON ENTERPRISES, INC.

Principal Place of Business Mailing Address 802 FLORIDA BLVD **802 FLORIDA BLVD ALTAMONTE SPRINGS FL 32701** ALTAMONTE SPRINGS FL 32701 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/09/1983 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 26 59-23429<u>43</u> 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State Election Campaign Financing П Trust Fund Contribution Added to Fees 28 23 Country Country Żip 8. This corporation owes the current year Intangible Zip □No 30 Personal Property Tax. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name LAWTON, RONALD Street Address (P.O. Box Number is Not Acceptable) 82 802 FLORIDA BLVD. ALTAMONTE SPRINGS FL 32701 83 85 Zip Code 84 City FL 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition ☐ DELETE 1.1 TITLE TITLE PVD 1.2 NAME NAME LAWTON, RONALD L. STREET ADDRESS **802 FLORIDA BLVD** 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL 32701 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE NAME LAWTON, RONALD L 2.2 NAME STREET ADDRESS **802 FLORIDA BLVD** 2.3 STREET ADDRESS 11 **ALTAMONTE SPRINGS FL 32701** CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE ☐ Change 3.1 TITLE TITLE 3.2 NAME NAME LAWTON, SUSAN S 802 FLORIDA BLVD -- -- -3.3 STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32701 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CR2E034 (11/98)