| Name and | Address of Current Registered Agen | t: | | |
|---------------------------------------|---|----------------------------------|---------------------------------------|-------------|
| LAWSON, EI 1104 NORTH PALM HARB | | | | |
| The above nar | med entity submits this statement for the purpose of chan | ging its registered office or re | gistered agent, or both, in the State | of Florida. |
| SIGNATU | E: EDWARD E LAWSON | | | 01/22/2023 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Di | rector Detail : | | | |
| Title | VP | Title | PRESIDENT | |
| Name | LAWSON, EDWARD E | Name | LAWSON, KIRBY W. | |
| Address | 1104 NORTHRIDGE DR. | Address | 2009 MACARTHUR | |

1104 NORTHRIDGE DR. PALM HARBOR, FL 34683

DOCUMENT# H61160

Current Mailing Address:

1104 NORTHRIDGE DR. PALM HARBOR, FL 34683 US

City-State-Zip: PALM HARBOR FL 34683

FEI Number: 59-2541852

Na

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EDWARD E LAWSON

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

City-State-Zip: DUNEDIN FL 34698

VP

01/22/2023

Date

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: LAWSON CONTRACTING, INC.

Current Principal Place of Business: