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

PROFIT

Mar 16 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (6)243307 LAWRENCE FARMS, INC. Principal Place of Business Mailing Address 3830 MARSH RD 3830 MARSH RD DELAND FL 32724 **DELAND FL 32724** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1960 2. Principal Place of Business 2a. Mailing Address Applied For 21 59-0928117 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Cortificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Z_{W} 8. This corporation owes or has paid the current year Intangible Yes □ No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent LAWRENCE, T J В1 LAWRENCE, J.R. 3830 MARSH ROAD 82 **DELAND FL 32724** 83 84 ons 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered of the obligations of Section 607,0505. Florida Statutes. 11. Pursuant to the provision office or registered a low agent. Lam fan J. R. LAWRENCE PRESIDENT 10 MARCH SIGNATURE (NOTI - Registered Agent signature required when re-nstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITE F 1.1 TITLE LAWRENCE, J.R. LAWRENCE,T J 1.2 NAME NAME 3880 MARSH ROAD 3830 MARSH ROAD 1.3 STREET ADDRESS STREET ADDRESS OGLAND, FL 32724 DELAND FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE STD 2.1 TITLE Addition KATHLEEN LEG LAWRENCE 3836 MARSHROAD LAWRENCE, T. J. JR. NAME 2.2 NAME 3830 MARSH ROAD STREET ADDRESS 2.3 STREET ADDRESS OGLANDS FL 32724 **DELAND FL** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Channe Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DEFETE Addition 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-2IP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-\$1-ZIP 14. Thereby 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 the preview 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 capaged on the corporation of the preview of 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 capaged on the preview of 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 capaged on the preview of the preview of the corporation of the preview of

FLORIDA DEPARTMENT OF STATE

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