


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90114 027 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 704969**

1. Corporation Name  
**EDWARD LAWRENCE, INC.**

Principal Place of Business 527 9TH AVENUE NORTH ST PETERSBURG FL 33701	Mailing Address 527 9TH AVENUE NORTH ST PETERSBURG FL 33701
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/21/1962
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1004437
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GROSE, DORIS S 527 9TH AVENUE NORTH APT 10 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITILE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSE, DORIS S	1.2 NAME	
STREET ADDRESS	527 9TH AVE N #10	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	1.4 CITY-ST-ZIP	
TITILE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD PARKS, THOMAS	2.2 NAME	
STREET ADDRESS	525 9TH AVENUE NORTH #2	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	2.4 CITY-ST-ZIP	
TITILE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S HENRY, MARY	3.2 NAME	
STREET ADDRESS	525 9TH AVE N #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33701	3.4 CITY-ST-ZIP	
TITILE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D HENRY, STANLEY	4.2 NAME	Roberts, Bob
STREET ADDRESS	525 9TH AVE N #1	4.3 STREET ADDRESS	525 9th Ave. N #23
CITY-ST-ZIP	ST PETERSBURG FL 33701	4.4 CITY-ST-ZIP	St. Petersburg Fl. 33701
TITILE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD LANDERS, JOE	5.2 NAME	Chase, Agatha
STREET ADDRESS	527 9TH AVE NORTH	5.3 STREET ADDRESS	527 9th Ave N #34
CITY-ST-ZIP	ST PETERSBURG FL	5.4 CITY-ST-ZIP	St. Petersburg Fl 33701
TITILE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 617, 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.

SIGNATURE: SIGNATURE REQUIRED 1-18-99 727-823-1658  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)