

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **857494** (9)
1. Corporation Name
LAUSON, INC.

Principal Place of Business Mailing Address
3448 MARINA TOWN LN **3448 MARINA TOWN LN**
NO FT MYERS FL 33903 **NO FT MYERS FL 33903**

FILED

98 NOV -4 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/22/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2312533	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RENNER, THOMAS
3448 MARINATOWN LANE
NORTH FORT MYERS FL 33903

10. Name and Address of New Registered Agent

81 Name **Sven Jutz**
82 Street Address (P.O. Box Number is Not Acceptable)
3448 Marinetown Lane
83
84 City **North Fort Myers** FL 85 Zip Code **33903**

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 *Sven Jutz* (Jutz) **08-10-98**
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	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENNER, THOMAS	1.2 NAME	Jutz, Sven
STREET ADDRESS	3448 MARINATOWN LANE	1.3 STREET ADDRESS	3448 Marina town lane
CITY-ST-ZIP	N. FT. MYERS FL	1.4 CITY-ST-ZIP	North Ft Myers FL 33903
TITLE	VSTD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RENNER, NANCY	2.2 NAME	Stork, LLC
STREET ADDRESS	3448 MARINATOWN LANE	2.3 STREET ADDRESS	3448 Marinetown lane
CITY-ST-ZIP	N. FT. MYERS FL	2.4 CITY-ST-ZIP	North Fort Myers FL 33903
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	800002687388--7
STREET ADDRESS		3.3 STREET ADDRESS	-11/13/98-01074-027
CITY-ST-ZIP		3.4 CITY-ST-ZIP	*****508.75 *****508.75
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	800002687388--7
STREET ADDRESS		4.3 STREET ADDRESS	-11/13/98-01074-028
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****50.00 *****50.00
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **SIGNATURE REQUIRED** **08-10-98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **7-1-98** Daytime Phone # **7-1-98**

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CR2E034 (5/98)