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Mar 20 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F05896

(8)

1. Corporation Name
LAWSON CATTLE & EQUIPMENT, INC.

Principal Place of Business
2854 HILLIARD ISLE RD.
KISSIMMEE FL 34744

Mailing Address
2854 HILLIARD ISLE RD.
KISSIMMEE FL 34744-3854



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/18/1980		3a. Date of Last Report 04/09/1996	
21 State, Apt. #, etc.		26 State, Apt. #, etc.		4. FEI Number 59-2050834		Applied For Not Applicable	
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		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LAWSON, MARCUS G 2854 HILLIARD ISLE RD. KISSIMMEE, FLORIDA 34744				10. Name and Address of New Registered Agent			
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 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		DATE	
12. OFFICERS AND DIRECTORS			
TITLE	NAME	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
PSD	LAWSON, MARCUS G.	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2854 HILLIARD ISLE ROAD		12 NAME	
KISSIMMEE FL		13 STREET ADDRESS	
VP		14 CITY-ST-ZIP	
LAWSON, CATHERINE P.		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2854 HILLIARD ISLE ROAD		22 NAME	
KISSIMMEE FL		23 STREET ADDRESS	
		24 CITY-ST-ZIP	
		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY-ST-ZIP	
		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY-ST-ZIP	
		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY-ST-ZIP	
		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY-ST-ZIP	

14. I do 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: MARCUS G. LAWSON 407-348-4576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)