

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F39901 (6)**

1. Corporation Name  
**LAWSON, NOBLE & WEBB, INC.**



Principal Place of Business: **420 COLUMBIA DRIVE, WEST PALM BEACH FL 33409**  
Mailing Address: **420 COLUMBIA DRIVE, WEST PALM BEACH FL 33409**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/08/1981</b>	3a. Date of Last Report <b>04/18/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2090616</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	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				10. Name and Address of New Registered Agent			
<b>KRAMER ROBERT S 2307 SE MONTEREY RD. STUART FL 34996</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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: \_\_\_\_\_ (NOTE: Registered Agent Signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>NOBLE, LEO E</b>	1.2 NAME	<b>RON LAST</b>
STREET ADDRESS	<b>1685 WOODBRIDGE LKS CIR</b>	1.3 STREET ADDRESS	<b>11483 ORANGE GROVE BLVD</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL00000</b>	1.4 CITY-ST-ZIP	<b>ROYAL PALM BEACH, FL 33411</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWSON, ROBERT W</b>	2.2 NAME	
STREET ADDRESS	<b>3723 VALLEY PARK WAY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHITE, PERRY</b>	3.2 NAME	
STREET ADDRESS	<b>1535 SUNRISE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEBB, ELIZABETH</b>	4.2 NAME	
STREET ADDRESS	<b>6879 DUCKWEED RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAFER, CHRISTOPHER J.</b>	5.2 NAME	
STREET ADDRESS	<b>101 MORGATE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, THEODORE</b>	6.2 NAME	
STREET ADDRESS	<b>86 W. PLUMOSA LANE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Elizabeth Webb* DATE: **4/18/1996** (407) 484-6684

CR2E034 (12/95)