

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

FILED  
Feb 01 1996 8:00 am  
Secretary of State

DOCUMENT # **F84967** (1)

1. Corporation Name

**KEITH LAWSON PLUMBING, INC.**



Principal Place of Business

% KEITH O. LAWSON  
3710 N. MONROE ST  
TALLAHASSEE FL 32303

Mailing Address

% KEITH O. LAWSON  
P. O. BOX 37309  
TALLAHASSEE FL 32315  
US

3. Date Incorporated or Qualified

**06/11/1982**

3a. Date of Last Report

**05/11/1995**

4. FEI Number

**59-2421595**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 **4557 Capital Cir., N.W.**  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 **Tallahassee, Florida**

27 City & State

28

24 Zip

**32303**

Country

25 **U.S.A.**

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**LAWSON, KEITH O  
3710 N. MONROE ST  
TALLAHASSEE FL 32303**

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, 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 607.0503, Florida Statutes.

SIGNATURE

**01/15/96**

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **S  
LAWSON, H C**  
STREET ADDRESS **3710 N MONROE ST**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **DP  
LAWSON, KEITH O**  
STREET ADDRESS **3710 N MONROE ST**  
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **Secretary  
Diana M. Lawson**  
STREET ADDRESS **2006 Woodstock Lane**  
CITY-ST-ZIP **Tallahassee, Fl. 32303**

2.1 TITLE ☐ Change ☒ Addition

NAME **Vice President  
Keith O. Lawson, II**  
STREET ADDRESS **Rt. 6, Box 372**  
CITY-ST-ZIP **Quincy, Fl. 32351**

3.1 TITLE ☐ Change ☐ Addition

NAME **Treasurer  
Charles J. Lawson**  
STREET ADDRESS **2006 Woodstock Lane**  
CITY-ST-ZIP **Tallahassee, Fl. 32303**

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/30/96**

Daytime Phone #

CR2E034 (12/95)