

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F84967** (1)  
1. Corporation Name  
**KEITH LAWSON COMPANY, INC.**

Principal Place of Business <b>4557 CAPITAL CIRCLE NW TALLAHASSEE FL 32303 US</b>	Mailing Address <b>% KEITH O. LAWSON P. O. BOX 37309 TALLAHASSEE FL 32315 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/11/1982</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2421595</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		30 Country	
8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**LAWSON, KEITH O**  
**3710 N. MONROE ST. P.O. BOX 37309**  
**TALLAHASSEE FL 32303**  
**32315**  
**3300 WILTSHIRE RD.**  
**TLH 32312**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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

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	<b>S</b>	1.1 TITLE	<b>S</b>
NAME	<b>LAWSON, DIANE M</b>	1.2 NAME	<b>LAWSON, DIANE M.</b>
STREET ADDRESS	<b>2006 WOODSTOCK LANE 3300 Wiltshire Rd.</b>	1.3 STREET ADDRESS	<b>P.O. BOX 37309</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303 32312</b>	1.4 CITY-ST-ZIP	<b>TALL. FL. 32315</b>
TITLE	<b>VP</b>	2.1 TITLE	<b>VP</b>
NAME	<b>LAWSON, KEITH O II</b>	2.2 NAME	<b>LAWSON, KEITH O II</b>
STREET ADDRESS	<b>ROUTE 6 BOX 372</b>	2.3 STREET ADDRESS	<b>P.O. BOX 366</b>
CITY-ST-ZIP	<b>QUINCY FL 32351</b>	2.4 CITY-ST-ZIP	<b>QUINCY FL. 32332</b>
TITLE	<b>DP</b>	3.1 TITLE	<b>DP</b>
NAME	<b>LAWSON, KEITH O</b>	3.2 NAME	<b>LAWSON, KEITH O.</b>
STREET ADDRESS	<b>4557 CAPITAL CIRCLE NW 3300 WILTSHIRE RD</b>	3.3 STREET ADDRESS	<b>P.O. BOX 37309</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32312</b>	3.4 CITY-ST-ZIP	<b>TALL. FL. 32315</b>
TITLE	<b>T</b>	4.1 TITLE	<b>T</b>
NAME	<b>LAWSON, CHARLES J</b>	4.2 NAME	<b>LAWSON, CHARLES J</b>
STREET ADDRESS	<b>2006 WOODSTOCK LANE</b>	4.3 STREET ADDRESS	<b>6244 ROCKYTOP DR</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32303</b>	4.4 CITY-ST-ZIP	<b>ANTIOCH TN 37013</b>
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/98

850-562-2600

Daytime Phone # 0052333

CR2E034 (10/97)