

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90024 007 \*\*\*150.00

DOCUMENT # F84967

1. Corporation Name

KEITH LAWSON COMPANY, INC.

Principal Place of Business

4557 CAPITAL CIRCLE NW  
TALLAHASSEE FL 32303  
US

Mailing Address

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1982

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

LAWSON, KEITH O  
3300 WILTSHIRE RD  
TALLAHASSEE FL 32312

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME LAWSON, DIANE M  
STREET ADDRESS 3300 WILTSHIRE RD  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE VP ☐ DELETE

NAME LAWSON, KEITH O II  
STREET ADDRESS ROUTE 8 BOX 372  
CITY-ST-ZIP QUINCY FL 32351

TITLE DP ☐ DELETE

NAME LAWSON, KEITH O  
STREET ADDRESS 3300 WILTSHIRE RD  
CITY-ST-ZIP TALLAHASSEE FL 32312

TITLE T ☐ DELETE

NAME LAWSON, CHARLES J  
STREET ADDRESS 6244 ROCKY TOP DR  
CITY-ST-ZIP ANTOCH TN 37013

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

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

2481 LUTEN ROAD  
QUINCY, FL 32351

314 Savona Dr.  
VALRICO, FL 33594

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, with all other like empowered.

SIGNATURE *[Signature]* SURE REQUIRED

1/29/99

850-562-2600

CR2E034 (1/198)