

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F84967

1. Entity Name

KEITH LAWSON COMPANY, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90056 005 ***150.00

Principal Place of Business	Mailing Address
4557 CAPITAL CIRCLE NW TALLAHASSEE FL 32303 US	% KEITH O. LAWSON P. O. BOX 37309 TALLAHASSEE FL 32315-7309 US

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2421595	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
LAWSON, KEITH O 3300 WILTSHIRE RD TALLAHASSEE FL 32312

7. Name and Address of New Registered Agent		
Name SAME		
Street Address (P.O. Box Number is Not Acceptable)		
50 GILCREASE LANE		
City QUINCY	FL	Zip Code 32351

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Keith O. Lawson DATE 3/17/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE	S <input type="checkbox"/> Delete
NAME	LAWSON, DIANE M
STREET ADDRESS	3300 WILTSHIRE RD
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	VP <input type="checkbox"/> Delete
NAME	LAWSON, KEITH O II
STREET ADDRESS	2481 LUTEN ROAD
CITY-ST-ZIP	QUINCY FL 32351
TITLE	DP <input type="checkbox"/> Delete
NAME	LAWSON, KEITH O
STREET ADDRESS	3300 WILTSHIRE RD
CITY-ST-ZIP	TALLAHASSEE FL 32312
TITLE	T <input type="checkbox"/> Delete
NAME	LAWSON, CHARLES J
STREET ADDRESS	314 SONOMA DR
CITY-ST-ZIP	VALRICO FL 33594
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	50 GILCREASE LANE
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	50 GILCREASE LANE
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	6244 ROCKY TOP DR.
CITY-ST-ZIP	ANTIOCH, TN 37013
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Keith O. Lawson DATE: 3/17/00 DAYTIME PHONE #: 850-562-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)