

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F84967**1. Entity Name
KEITH LAWSON COMPANY, INC.**Principal Place of Business**

4557 CAPITAL CIRCLE NW

TALLAHASSEE

32303

FL

US

Mailing Address

% KEITH O. LAWSON

P. O. BOX 37309

TALLAHASSEE

32315

FL

US

2. Principal Place of Business**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number**59-2421595**

Applied For

Not Applicable

5. Certificate of Status Desired**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**LAWSON, KEITH O**
50 GILCREASE LANE**QUINCY****32351**

US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

04/26/2001

DATE

**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, 2001 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	T	<input type="checkbox"/> Delete
NAME	LAWSON CHARLES J	
STREET ADDRESS	6244 ROCKY TOP DR	
CITY-ST-ZIP	ANTIOCH TN 37013	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LAWSON KEITH O	
STREET ADDRESS	50 GILCREASE LANE	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LAWSON KEITH OII	
STREET ADDRESS	2481 LUTEN ROAD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAWSON DIANE M	
STREET ADDRESS	50 GILCREASE LANE	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 II**

VP

04/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)