FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:00

DOCUMENT # G47527 (8)

1. Corporation Name
A.W. LAWRENCE & COMPANY OF FLORIDA, INC.

Principal Place of Business	Mailing Address
24703 US 19 N SUITE 201 CLEARWATER FL 34623 US	24703 US 19 N SUITE 201 CLEARWATER FL 34623 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/06/1983
3a. Date of Last Report: 02/04/1994

2. Principal Place of Business
21 400-A North Flagler Drive
Suite, Apt. #, etc.
22 Slip #323
City & State
23 West Palm Beach, FL
Zip 24 33401-4397 Country 25 Palm Beach

2a. Mailing Address
26 400-A North Flagler Drive
Suite, Apt. #, etc.
27 Slip #323
City & State
28 West Palm Beach, FL
Zip 29 33401-4397 Country 30 Palm Beach

4. FEI Number: 14-1659027 ☐ 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

9. Name and Address of Current Registered Agent

ZAKRZEWSKI, LAUREL
24703 US 19 NORTH
SUITE 201
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name: GRUND, FRANK
82 Street Address (P.O. Box Number is Not Acceptable): 400-A North Flagler Drive
83 Slip #323
84 City: West Palm Beach FL 85 Zip Code: 33401

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 X Frank Grund FRANK GRUND DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CTD LAWRENCE, ALBERT W 24703 US 19 NORTH, #201 CLEARWATER FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MATHER, WILLIAM J. 24703 US 19 NORTH, #201 CLEARWATER FL	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ZAKREWSKI, LAUREL 24703 US 19 NORTH, #201 CLEARWATER FL	3.1 TITLE / 3.2 NAME / 3.3. STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition V WHIMPLE, HELEN A. 400-A NORTH FLAGLER DRIVE SLIP #323 WEST PALM BEACH, FL 33401
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD RIEMER, WOLFGANG J. 24703 US 19 NORTH, #201 CLEARWATER FL	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAWRENCE, BARBARA C. 24703 US 19 NORTH, #201 CLEARWATER FL	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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)(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] HELEN A. WHIMPLE 3/7/95 (518) 381-9000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0950032 CP