

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **G89392** (6)

1. Corporation Name
LAWRENCE WILLIS & ASSOCIATES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 13 AM 9:47

Principal Place of Business

% LAWRENCE M. WILLIS
4104 W. LINEBAUGH AVE., STE. 200
TAMPA FL 33624

Mailing Address

% LAWRENCE M. WILLIS
4104 W. LINEBAUGH AVE., STE. 200
TAMPA FL 33624

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address	
21 State, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State
23 Zip	24 Country	28 Zip	29 Country

3. Date Incorporated or Qualified 03/09/1984	3a. Date of Last Report 01/20/1994
4. FEI Number 59-2388855	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

WILLIS, LAWRENCE M.
4104 W. LINEBAUGH AVENUE, SUITE 200
~~STE. 100~~
TAMPA FL 33624

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

10. Name and Address of Now Registered Agent

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:

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PST	WILLIS, LAWRENCE M.	11 TITLE	
STREET ADDRESS	3347 FOXRIDGE CIRCLE	12 NAME	
CITY ST ZIP	TAMPA FL	13 STREET ADDRESS	
		14 CITY ST ZIP	33618
		21 TITLE	
		22 NAME	
		23 STREET ADDRESS	
		24 CITY ST ZIP	
		31 TITLE	
		32 NAME	
		33 STREET ADDRESS	
		34 CITY ST ZIP	
		41 TITLE	
		42 NAME	
		43 STREET ADDRESS	
		44 CITY ST ZIP	
		51 TITLE	
		52 NAME	
		53 STREET ADDRESS	
		54 CITY ST ZIP	
		61 TITLE	
		62 NAME	
		63 STREET ADDRESS	
		64 CITY ST ZIP	

14. I do hereby certify that the information furnished with this report is voluntarily furnished and does not qualify for the exemption under Section 119.07(2)(B), Florida Statutes. I further certify that the information included 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, and that I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report. If change of office or location is being reported, the signature must be accompanied by a mailing address.

SIGNATURE:

Lawrence M. Willis

1/10/95 (813)963-7661