

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

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90148 012 \*\*\*158.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # H03980**

1. Corporation Name

**LAWSON FINANCIAL CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
11300 4 ST N 100 ST PETERSBURG FL 33716 US		113000 4 ST N STE 100 ST PETERSBURG FL 33716 US	
2. Principal Place of Business		2a. Mailing Address	
21		26 <b>3352 E. CAMELBACK RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28 <b>PHOENIX, AZ</b>	
Zip		Zip	
24		29 <b>85018</b>	
Country		Country	
25		30 <b>USA</b>	

3. Date Incorporated or Qualified	
<b>05/17/1984</b>	
4. FEI Number	Applied For
<b>59-2413607</b>	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BUSSEY, RUTLAND W.  
1060 WATER OAK COURT NE  
ST PETERSBURG FL 33703**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
<b>FL</b>	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWSON, ROBERT W.</b>	1.2 NAME	
STREET ADDRESS	<b>5230 E. HATCHER</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARADISE VALLEY AZ</b>	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSSEY, RUTLAND W.</b>	2.2 NAME	
STREET ADDRESS	<b>1060 WATER OAK COURT NE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAWSON, PAMELA</b>	3.2 NAME	
STREET ADDRESS	<b>5230 E. HATCHER</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PARADISE VALLEY AZ</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

**ROBERT W. LAWSON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3/1/99 602-381-8588**

CR2E034 (11/98)