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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

LAWSONICS INCORPORATED

Principal Place of Business

P O 80X 140009

Mailing Address

P O BOX 140009

FILED May 15 1998 8:00am Secretary of State



GAINESVILLE FL 32614-0009			GAINESVILLE FL 32614-0009				DO NOT WRITE I	N THIS SPACE	
						3.	Date Incorporated or Qualified	TO THE STATE	
	_						07/25/1984		
2. Principal Pi			2a. Mailing Address			4.	FEI Number		Applied For
21 6793 W		erry Rd.	26				59-2429164		Not Applicable
Suite, Apt.	#, e tc.		Suite, Apt. #, etc.			5.	Certificate of Status Desired		5 Additional
22 #352 City & State			City & State					Fee	Required
Gainesville, FL						6.	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	V2240,	Country	7(p	Count	fV		Trust Fund Contribution		
24 32605		25 USA	29	30	, ,	8.	This corporation owes or has paid Personal Property Tax due June 3		Intangible No
	9. Name	and Address of Curre		[30]		10.	Name and Address of New Regi		LINO
LA	WSON, PH	IIJP A.		1 Name)				
5950-28 SW 20TH AVE.					2 Street	Address (F	O Boy Number to Nat Assessable	x	
GAINESVILLE FL 32607					1 679	3 W. 1	C.O. Box Number is Not Acceptable Newberry Rd.	"	
83									
				8	#35			las 1 3	in Code
				l ·	Ğai	nesvil	le	- FL 3	ip Code 2605
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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.									
agent. I ar	n fa miliar wi	ith, and accept the oblig	jations of, Section 607.0505,	Florida Statut	es.	porations	odard of directors. Thereby accept	ше аррошинели	as registerod
SIGNATURE .									
12.	Signature, typed	or printed name of registered ag	ect and title if applicable (N ID-DIRECTORS	OTE: Registered A	gent signature			DATE	000.41.40
TITLE	PSD	OFFICE AS AN	DELETE	13.		1	ADDITIONS/CHANGES TO OFFICE	HS AND DIRECT	ne Addition
NAME		N, PHILIP A.		1.2 NAM				ALM Unang	je 🗀 Addition
STREET ADDRESS		SW 20TH AVENUE			T ADDRESS	6793	W. Newberry Rd., #	352	
CITY-ST-ZIP	1	WILLE FL 32607		1.4 CITY			sville, FL 32605	JJ2	
TITLE	Vī		DELETE	21 THE			0,1110, 12 32003	XX Chang	e Addition
NAME	LAWSO	N, DONNA W		2.2 NAM					_
STREET ADDRESS	59 50-28	SW 20TH AVENUE		2.3 STRE	ET ADDRESS	6793	W. Newberry Rd., #	352	
CITY-ST-ZIP	GAINES	SVILLE FL 32607		2. 4 CITY	- \$T- ZIP	Gaine	sville, FL 32605	JJ2	
TITLE			☐ DELETE	3.1 TITLE				Chang	e Addition
NAME				3.2 NAMI		1			
STREET ADDRESS				3.3 STRE	T ADDRESS				
CITY-ST-ZIP				3.4. CITY	-SI-ZIP				
TITLE			☐ DELETE	4.1 TITLE				Chang	e LAddition
NAME				4. 2 NAM					1
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP TITLE		· · · · · · · · · · · · · · · · · · ·	DELETE	4.4 CITY - 5.1 TITLE	ST-ZIP			Chang	e Addition
NAME				5.2 NAME					e LI ADURIUII
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP				5.4 CITY-					Į
TITLE	········		DELETE	6.1 TITLE	01-ZII-			☐ Chang	e Addition
NAME				6.2 NAME					
STREET ADORESS					T ADDRESS				
CITY-ST-ZIP				6.4 CITY-					
14. Thereby ce	ortify that the	e information supplied w	ith this filing does not qualify	for the exem	ntion state	ed in Sectio	n 119.07(3)(i), Florida Statutes. I fu	rther certify that t	he information
Officer or o	ure ct or of the	ar tepert or supplementa e corporation or the rec f changed, or an an-ita	al annual report is true and a civer of trustee empowered t compactwith an address.	courate and to execute this	iat my sig report as	gnature shat s required b	If have the same legal effect as if m by Chapter 607, Florida Statutes; an	iage under oath; id that my name r	that I am an appears in

Philip A. Lawson.