

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H13772

1. Corporation Name

LAWSONICS INCORPORATED

Principal Place of Business

**6793 W NEWBERRY RD #352
GAINESVILLE FL 32605
US**

Mailing Address

**P O BOX 140009
GAINESVILLE FL 32614-0009**

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90068 018 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/25/1984

4. FEI Number

59-2429164

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 3324 W. University Avenue

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.,

22 #152

Suite, Apt. #, etc.

27

City & State

23 Gainesville, FL

City & State

28

Zip

24 32607

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LAWSON, PHILIP A.

6793 W NEWBERRY RD #352

GAINESVILLE FL 32605

3324 W. University Ave.

#152

Gainesville, FL 32607

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSD**

STREET ADDRESS **6793 W NEWBERRY RD #352**

CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ DELETE

NAME **VT**

STREET ADDRESS **6793 W NEWBERRY RD #352**

CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

3324 W. University Avenue #152

1.4 CITY-ST-ZIP

Gainesville, FL 32607

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

3324 W. University Avenue

2.4 CITY-ST-ZIP

Gainesville, FL 32607

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Donna Watson Lawson* **SIGNATURE REQUIRED** **Donna Watson Lawson, Vice President**

352-332-5723

4/28/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)