

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K55072** (8)
1. Corporation Name
ELIZABETH LAWSON INSURANCE, INC.

Principal Place of Business % ELIZABETH LAWSON 4342 DUHME ROAD MADEIRA BEACH FL 33708	Mailing Address % ELIZABETH LAWSON 4342 DUHME ROAD MADEIRA BEACH FL 33708
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1989	3a. Date of Last Report 07/31/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 65-0090351	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29 Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

LAWSON, ELIZABETH
4342 DUHME ROAD
MADEIRA BEACH FL 33708-9809

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
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	PS	1.1 TITLE	☐ Change ☐ Addition
NAME	LAWSON, ELIZABETH	1.2 NAME	
STREET ADDRESS	914 BAY POINT DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BCH FL	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	LAWSON, VERNON	2.2 NAME	
STREET ADDRESS	914 BAY POINT DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADEIRA BCH FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Elizabeth Lawson* *Florida Department of State* *8/20/97* *813/391-3422*

CR2E034 (4/97)