

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K89660 (0)

1. Corporation Name
W. A. LAWRENCE, INC.



Principal Place of Business

1375 SIROCCO ST
FT MYERS FL 33919
US

Mailing Address

1375 SIROCCO ST
FT MYERS FL 33919
US

3. Date Incorporated or Qualified
05/19/1989

3a. Date of Last Report
08/03/1995

2. Principal Place of Business

21 1375 SIROCCO ST

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

4. FEI Number

65-0121113

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWRENCE, W.A.
1375 SIROCCO ST
FT MYERS FL 33919

31 Name

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

33

34 City

FL

35 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

Signatures of and printed names of registered agent and director, if applicable.

(If not, Registered Agent signature required for each director.)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

1. PST LAWRENCE, W.A. ☐ DELETE

2. 1608-2 PARK MEADOWS

3. FT MYERS FL

4. CITY-STATE-ZIP

5. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

6. LAWRENCE, W.A. ☐ DELETE

7. 1608-2 PARK MEADOWS

8. FT MYERS FL

9. CITY-STATE-ZIP

10. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

11. ☐ DELETE

12. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ☐ DELETE

14. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

15. ☐ DELETE

16. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

17. ☐ DELETE

18. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

19. ☐ DELETE

20. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

21. ☐ DELETE

22. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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24. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

25. ☐ DELETE

26. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

27. ☐ DELETE

28. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

29. ☐ DELETE

30. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

31. ☐ DELETE

32. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

33. ☐ DELETE

34. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

35. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. S, T ☒ Change ☐ Addition

2. MARY D. LAWRENCE

3. 1375 SIROCCO STREET

4. FT MYERS FL

5. CITY-STATE-ZIP

6. ☐ Change ☐ Addition

7. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

8. ☐ Change ☐ Addition

9. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

10. ☐ Change ☐ Addition

11. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

12. ☐ Change ☐ Addition

13. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

14. ☐ Change ☐ Addition

15. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

16. ☐ Change ☐ Addition

17. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

18. ☐ Change ☐ Addition

19. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

20. ☐ Change ☐ Addition

21. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

22. ☐ Change ☐ Addition

23. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

24. ☐ Change ☐ Addition

25. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

26. ☐ Change ☐ Addition

27. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

28. ☐ Change ☐ Addition

29. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

30. ☐ Change ☐ Addition

31. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

32. ☐ Change ☐ Addition

33. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

34. ☐ Change ☐ Addition

35. TITLE NAME STREET ADDRESS CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: MARY D. LAWRENCE MARY D. LAWRENCE 4-29-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

941-433-0085

DATE

Daytime Phone #

CR2E034 (12/95)