SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT
CORPORATION
ANNUAL REPORT
1995

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

FILED
95 JUL 25 AM 8:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P20140** **(0)**

1. Corporation Name
R.G. LAURENCE COMPANY, INCORPORATED

Principal Place of Business	Mailing Address
12501 TELECOM DRIVE TAMPA FL 33637-7903	12501 TELECOM DRIVE TAMPA FL 33637-7903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/20/1988	3a. Date of Last Report: 05/01/1994
4. FEI Number: 22-1599469	☐ 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 F.S. 199.032 Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / County (25)	Zip (29) / County (30)

9. Name and Address of Current Registered Agent

CLARK, SHARON
12501 TELECOM DRIVE
TAMPA FL 33637-7903

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	LAURENCE, RONALD B.	12 NAME	
STREET ADDRESS	12501 TELECOM DR.	13 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	14 CITY ST ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	WOLLEY, CHARLES	22 NAME	
STREET ADDRESS	12501 TELECOM DR.	23 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HORNE, TIMOTHY P.	32 NAME	
STREET ADDRESS	ROUTE 114 & CHESTNUT ST.	33 STREET ADDRESS	
CITY ST ZIP	NORTH ANDOVER MA	34 CITY ST ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	COX, JEFFREY T.	42 NAME	
STREET ADDRESS	12501 TELECOM DR.	43 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MCAVOY, KENNETH J.	52 NAME	
STREET ADDRESS	ROUTE 114 & CHESTNUT ST.	53 STREET ADDRESS	
CITY ST ZIP	NORTH ANDOVER MA	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: X _____ 6-12-95 978-1002
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0101052 CP