

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

FILED

Apr 23 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 # 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 33637-0906



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1988		3a. Date of Last Report 02/27/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-1599469		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

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 GREG Gehrig		
				82	Street Address (P.O. Box Number is Not Acceptable) 12501 Telecom Dr		
				83			
				84	City TAMPA	FL	85 Zip Code 33637

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LAURENCE, RONALD B.			1.2 NAME			
STREET ADDRESS	12501 TELECOM DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FRAOETTE, JOHN			2.2 NAME			
STREET ADDRESS	12501 TELECOM DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORNE, TIMOTHY P.			3.2 NAME			
STREET ADDRESS	ROUTE 114 & CHESTNUT ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH ANDOVER MA			3.4 CITY-ST-ZIP			
TITLE	ST	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COX, JEFFREY T.			4.2 NAME			
STREET ADDRESS	12501 TELECOM DR.			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	McAVOY, KENNETH J.			5.2 NAME			
STREET ADDRESS	ROUTE 114 & CHESTNUT ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH ANDOVER MA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/97 813-978-1000  
Date Daytime Phone #

0370242

CR2E034 (9/96)