

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 SEP 16 AM 10:16

DOCUMENT # P93000008521 (5)

1. Corporation Name  
CLAY E. LAWRENCE, INC.



Principal Place of Business  
5360 DELANO COURT  
CAPE CORAL FL 33904

Mailing Address  
5360 DELANO COURT  
CAPE CORAL FL 33904

see below

OK 9/26/96

3. Date Incorporated or Qualified 02/01/1993 3a. Date of Last Report 07/24/1995

2. Principal Place of Business

21 146 TEXAS AVE.  
Suite, Apt. #, etc.

2a. Mailing Address

26 146 TEXAS AVE.  
Suite, Apt. #, etc.

4. FEI Number 65-0394000

Applied For  
Not Applicable

22 City & State

23 FT. MYERS, FL

27 City & State

28 FT. MYERS, FL

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

24 33905 25 LEE

29 33905 30 LEE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAWRENCE, CLAY E  
5360 DELANO COURT  
CAPE CORAL FL 33904

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
146 TEXAS AVE  
83  
84 City FT. MYERS FL 85 Zip Code 33905

11. Pursuant to the provisions of Sections 607.0532 and 607.1503, 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 date of appointment

NOTE: Registered Agent signature is required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME P LAWRENCE, CLAY E  
STREET ADDRESS 5360 DELANO CT  
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 146 TEXAS AVE.  
1.4 CITY-ST-ZIP FT. MYERS, FL 33905  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 200001982432  
2.4 CITY-ST-ZIP -10/02/96--01023--015  
\*\*\*\*\*225.00 \*\*\*\*\*225.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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:

CLAY E. LAWRENCE

5/3/96 941-693 3690

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAY/MONTH/YEAR