

**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

**DOCUMENT # P93000070313 (0)**

1. Corporation Name  
**LAWSON & LAWSON, P.A.**



Principal Place of Business      Mailing Address  
**4040 WOODCOCK DR  
SUITE 101  
JACKSONVILLE FL 32207**      **4040 WOODCOCK DR  
SUITE 101  
JACKSONVILLE FL 32207-2712**

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/01/1993**      **03/11/1996**

4. FEI Number      Applied For  
**59-3206742**      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

2. Principal Place of Business      2a. Mailing Address

21 State, Apt. #, etc.      26 State, Apt. #, etc.

22 City & State      27 City & State

23 Zip      Country      28 Zip      Country

24      25      29      30

**9. Name and Address of Current Registered Agent**

**AKEL, EDWARD C  
1 INDEPENDENT DR  
SUITE 2301  
JACKSONVILLE FL 32202**

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

**12. OFFICERS AND DIRECTORS**

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>PTD</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>LAWSON, JAMES E</b>            |                                 |
| STREET ADDRESS | <b>4040 WOODCOCK DR SUITE 101</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>            |                                 |
| TITLE          | <b>VSD</b>                        | <input type="checkbox"/> DELETE |
| NAME           | <b>LAWSON, JOANNE M</b>           |                                 |
| STREET ADDRESS | <b>4040 WOODCOCK DR SUITE 101</b> |                                 |
| CITY-ST-ZIP    | <b>JACKSONVILLE FL</b>            |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 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 in an attachment with an address.

SIGNATURE: *James E. Lawson*      **James E. Lawson**      **President**      **4/17/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/96)