

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90056 001 ***750.00

DOCUMENT #

P980000 48050

1. Corporation Name

LAWSON INSURANCE GROUP INC

Principal Place of Business

Mailing Address

940 N. Pine Hills Rd

Orlando
FL 32808

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/29/98

2. Principal Place of Business

21 940 N PINE HILLS RD

2a. Mailing Address

28 940 N PINE HILLS RD

4. Fed Number

59-3514925

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 ORLANDO FL

City & State

28 ORLANDO FL

6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees

Zip

24 32808

Country

Zip

29 32808

Country

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

Mc DONALD, DARLENE

10. Name and Address of New Registered Agent

81 Name

Mc DONALD, DARLENE

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

940 N. PINE HILLS RD

83

84 City

ORLANDO

FL

85 Zip Code

32808

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

4/9/99

DATE

12. OFFICERS AND DIRECTORS

(NOTE: Registered Agent signature required when reinstating)

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

TVP.5 P

Change Addition

1.2 NAME

McDONALD, DARLENE

1.3 STREET ADDRESS

940 N. PINE HILLS RD

1.4 CITY-ST-ZIP

ORLANDO FL 32808

2.1 TITLE

Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

4/9/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)