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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000076319

ROBERT M. LAWHON CONSTRUCTION, INC.

Principal Plac	e of Business	Mailing Address			-	((##! ##! //# !#!#! ##!! ##!! ##!!		eer# #11## 111	ec 20412 1511 1551
2026 LARCHMONT LN.		2026 LARCHMONT LN.							
TALLAHASSEE FL 32311		TALLAHASSEE FL 32311				DO NOT WRIT	E IN THIS	SPACE	
						Date Incorporated or Qualifed		<u></u>	
						09/01/1998			
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	.		Applied For
21		26	<u>⊢</u> ,			59-250 799	6	\rightarrow	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	Additional
22		27	27			5. Certificate of Status Desired	uges	Fee F	Required
City & Stat	te	City & State				6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Countr	ry		8. This corporation owes the curre	ent year Int		-
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent	8-	41 .	Nome	10. Name and Address of New R	egistered	Agent	
I ANA I	/HON, JEANETTE P		8	'' '	Name				
	MON, JEANETTE P 6 LARCHMONT LN.		8:	2 5	Street Addre	ess (P.O. Box Number is Not Accepta	ble)		
				_				·	
IALI	LAHASSEE FL 32311		83	3			ē .		
			84	4 (City			85 Zip	Code
			1				FL	.	
11. Pursuant office or r	to the provisions of Sections 607.0 registered agent, or both, in the Star	502 and 607.1508, Florida Statute of Florida. Such change was	ites, the above	ve-n	named corpo e corporation	oration submits this statement for the on's board of directors. I hereby accep	ourpose of the appoi	changing i	ts registered registered
11. Pursuant office or r agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505, Fi	orida Statute	es. _		oration, submits, this statement for the in's board of directors. I hereby accep	purpose of t the appoi	changing i ntment as i	ts registered egistered
agent. I a	am familiar with, and accept the obti-	gations of, Section 607.0505, Fi	orida Statute	es. _			DATE		
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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 16 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

oberT NI Lawhon 3-8-99 421-1110

FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90006 025 ***158.75