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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S02084 (9)

1. Corporation Name

KEITH LAWSON PROPANE, INC.

Principal Place of Business

3710 N. MONROE ST.
TALLAHASSEE FL 32303
US

Mailing Address

P.O. BOX 37309
TALLAHASSEE FL 32315-7309
US

3. Date Incorporated or Qualified

09/25/1990

3a. Date of Last Report

04/08/1996

4. FEI Number

59-3033519

Applied For

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

21 4557 CAP. CIR. N.W.

Suite, Apt. #, etc.

22

City & State

23 TALLAHASSEE FL.

Zip

24 32303

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

LAWSON, KEITH O
4557 CAPITAL CIRCLE NW
TALLAHASSEE FL 32303

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

(Signature of the person who is not a registered agent and title is applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME LAWSON, KEITH O SR

STREET ADDRESS 2006 WOODSTOCK LANE

CITY- ST- ZIP TALLAHASSEE FL 32303

3300 WILTSHIRE RD 32312

VP ☐ DELETE

NAME LAWSON, KEITH O II

STREET ADDRESS RT 6 BOX372

CITY- ST- ZIP QUINCY FL 32351

S ☐ DELETE

NAME LAWSON, DIANA M

STREET ADDRESS 2006 WOODSTOCK LANE

CITY- ST- ZIP TALLAHASSEE FL 32303

3300 WILTSHIRE RD 32312

T ☐ DELETE

NAME LAWSON, CHARLES J

STREET ADDRESS 2006 WOODSTOCK LANE

CITY- ST- ZIP TALLAHASSEE FL 32303

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)