

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S30790 (7)
1. Corporation Name
LAWSON MANUFACTURING, INC.



Principal Place of Business
2854 HILLIARD ISLE RD
KISSIMMEE FL 34744
US

Mailing Address
2854 HILLIARD ISLE ROAD
KISSIMMEE FL 34744

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 700 DYER BLVD.
Suite, Apt. #, etc.
22
City & State
23 KISSIMMEE, FL
Zip Country
24 34741 25
2a. Mailing Address
26 700 DYER BLVD.
Suite, Apt. #, etc.
27
City & State
28 KISSIMMEE, FL
Zip Country
29 34741 30

3. Date Incorporated or Qualified
02/11/1991

4. FEI Number
59-3047672

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LAWSON, MARCUS G.
2854 HILLIARD ISLE ROAD
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
700 DYER BLVD.
83
84 City
KISSIMMEE FL 85 Zip Code
34741

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LAWSON, MARCUS G.	
STREET ADDRESS	2854 HILLIARD ISLE RD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAWSON, CATHERINE P.	
STREET ADDRESS	2854 HILLIARD ISLE RD	
CITY-ST-ZIP	KISSIMMEE FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700 DYER BLVD.
1.4 CITY-ST-ZIP	KISSIMMEE, FL 34741
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	700 DYER BLVD.
2.4 CITY-ST-ZIP	KISSIMMEE, FL 34741
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 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

CP2E034 (10/97)