SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:22

DOCUMENT # **S94752** **(0)**

1. Corporation Name

WILLIAM LAWRENCE & ASSOCIATES INC.

Principal Place of Business	Mailing Address
4848 10TH AVE N LAKE WORTH FL 33414 US	4848 10TH AVE. N. LAKE WORTH FL 33463 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/18/1991	04/18/1994

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

4. FEI Number: 65-0299254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRITTON, WILLIAM LAWRENCE **744 WINDFLOWER CT.** **WELLINGTON FL 33414**	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 [illegible] NOTE: Registered Agent signature required when executing. DATE

12. OFFICERS AND DIRECTORS		13. [illegible]	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	BRITTON, WILLIAM L	12 NAME	
STREET ADDRESS	744 WINDFLOWER CT	13 STREET ADDRESS	
CITY ST ZIP	WELLINGTON FL	14 CITY ST ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	BRITTON, DOROTHY A	22 NAME	
STREET ADDRESS	744 WINDFLOWER CT	23 STREET ADDRESS	
CITY ST ZIP	WELLINGTON FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I (We) hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 above, or on an attachment with an [illegible]

SIGNATURE: W.L. Britton Dorothy A. Britton, President 6/21/94 (407) 969-2020

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

0000447 CP