


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

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90043 028 \*\*\*150.00

0450013

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------

**DOCUMENT # V21598**

1. Corporation Name

**LAWSON FAMILY, INC.**

Principal Place of Business

1720 CASTWAY  
FT MYERS FL 33917  
US

Mailing Address

PO BOX 3791  
N FT MYERS FL 33918  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 322 Sullivan St		26 PO Box 512120		03/17/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3120091	
City & State		City & State		Applied For	
23 Punta Gorda FL		28 Punta Gorda FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33950		29 33951		<input type="checkbox"/> \$8.75 Additional Fee Required <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	
County		County		6. Election Campaign Financing	
25 Charlotte		30 Charlotte		<input type="checkbox"/> Trust Fund Contribution <input checked="" type="checkbox"/> This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

WESSELL, ROBERT DAVID  
1720 CASTAWAY STREET  
FT MYERS FL 33917

81 Name	Robert David Wessel
82 Street Address (P.O. Box Number is Not Acceptable)	364 W. Olympia
83	
84 City	Punta Gorda FL
85 Zip Code	33950

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESSEL, ROBERT D.	1.2 NAME	
STREET ADDRESS	1720 CASTAWAY ST	1.3 STREET ADDRESS	364 W. Olympia St
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Punta Gorda FL 33950
TITLE	STD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESSEL, RUTH LAWSON	2.2 NAME	
STREET ADDRESS	1720 CASTAWAY ST	2.3 STREET ADDRESS	364 W. Olympia St
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP	Punta Gorda FL 33950
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99 1-800-845-2240  
Date Daytime Phone #