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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V29081

(9)

LAWTON APPRAISAL CORP.

**FILED** May 01 1997 8:00am Secretary of State

Principal Place of Business Mailing Address					t tablit bilatis sibila sibila bakat ibilat sibil bibil bibil bibil bibil bibil bibil bibil		
1061 BECKSTROM DR 1061 BECKSTROM DR							
OVIEDO FL 32 US	765	OVIEDO FL 32765-5917 US					
<b>4</b> 0		00			3. Date Incorporated or Qualified	3a. Date of Last Report	
					04/13/1992	06/11/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26	<u> </u>		59-3121470	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22 City & State		City & State	City & State			Fee Required	
23		26		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		Zip Country		8. This corporation has liability for			
24	25	29	30			☐ Yes ☐ No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Re	gistered Agent	
LAW	/TON, JEFF V.		8	1 Name			
	1 BECKSTROM DR		8	2 Street Add	dress (P.O. Box Number is Not Acceptal	ole)	
NVO	EDO FL 32765		-		· · · · · · · · · · · · · · · · · · ·		
•			8				
•			8	4 City		FL 85 Zip Code	
agent. I a					poration submits this statement for the pation's board of directors. I hereby acce	pt the appointment as registered	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	P DELETE		1.# TO LE	•	Change Add		
NAME	LAWTON, JEFF V		1.2 NAM(	1			
STREET ADDRESS	1061 BECKSTROM DR OVIEDO FL			ET ADDRESS	1		
CITY-ST-ZIP TITLE	DELETE DELETE		1.4 CITY - 2.4 TITLE			Change Addition	
NAME			2.2 NAME			Cal Change Cal Regulott	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			2. 4 CITY				
TITLE	*.	☐ DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAMI				
STREET ADDRESS			3.8 STRE.	ET ADDRESS	·		
CITY-ST-ZIP			3.4. CITY	- S1 - 7IP			
TITLE		☐ DELETE	4.1 TITLE			Change Addition	
NAME			4.12 NAM				
STREET ADDRESS				ET ADDRESS	•	h (	
CITY-ST-ZIP		DELETE	4.4 CITY			NA Character Cha	
TITLE		☐ DETER	5.1 TITLE	)		☐ Change ☐ Addition	
NAME STREET ADDRESS			5.2 NAME		•	١٠٨	
				ET ADDRESS		9	
CITY-ST-ZIP TITLE		DELETE	54 CITY-			Change Addition	
NAME		The percon	62 NAME	i	5 <u>00</u> 00216	4825	
STREET ADDRESS			1	1 ADDRESS	50000216 -05/05/97010	リンニーリリン	
CITY-ST-ZIP			6.4 CITY-	1	***165.00		
9141-91-44			0.9 011 7	SI-ZII			

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.