

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F25869

**Entity Name:** AL LAWSON & ASSOCIATES, INC.

**Current Principal Place of Business:**

400 N ADAMS  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

400 N ADAMS  
TALLAHASSEE, FL 32301 US

**FEI Number:** 59-2098679

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAWSON, ALFRED JR.  
2610 GUNN ST  
TALLAHASSEE, FL 32310 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LAWSON, ALFRED JR.  
Address 2610 GUNN ST  
City-State-Zip: TALLAHASSEE FL 32310

Title SD  
Name LAWSON, DELORES  
Address 2610 GUNN STREET  
City-State-Zip: TALLAHASSEE FL 32310

Title TD  
Name LAWSON, ALFRED 111  
Address 609 FAMCEE AVENUE  
City-State-Zip: TALLAHASSEE FL 32310

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ALFRED LAWSON JR.

**PRESIDENT**

**02/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date