

2020 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F84967

Entity Name: KEITH LAWSON COMPANY, INC.**Current Principal Place of Business:**4557 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303**Current Mailing Address:**% KEITH O. LAWSON II
PO BOX 37309
TALLAHASSEE, FL 32315-7309 US**FEI Number:** 59-2421595**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LAWSON, KEITH OSR
4557 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303 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 T
Name LAWSON, CHARLES J
Address % KEITH O. LAWSON II
PO BOX 37309
City-State-Zip: TALLAHASSEE FL 32315-7309Title PRESIDENT
Name LAWSON, KEITH O II
Address PO BOX 37309
City-State-Zip: TALLAHASSEE FL 32315-7309Title VP
Name INFINGER, CHRIS
Address % KEITH O. LAWSON II
PO BOX 37309
City-State-Zip: TALLAHASSEE FL 32315-7309Title CHAIRMAN
Name LAWSON, KEITH O SR.
Address PO BOX 37309
City-State-Zip: TALLAHASSEE FL 32315-7309Title S
Name CRAWFORD, EMILY RENEE
Address PO BOX 37309
City-State-Zip: TALLAHASSEE FL 32315-7309

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: EMILY RENEE CRAWFORD**CORPORATE
SECRETARY****06/09/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date