

**2022 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:** Yes**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 32315-7309

Title	PRESIDENT
Name	LAWSON, KEITH O II
Address	PO BOX 37309
City-State-Zip:	TALLAHASSEE FL 32315-7309

Title	VP
Name	INFINGER, CHRIS
Address	% KEITH O. LAWSON II PO BOX 37309
City-State-Zip:	TALLAHASSEE FL 32315-7309

Title	CHAIRMAN
Name	LAWSON, KEITH O SR.
Address	PO BOX 37309
City-State-Zip:	TALLAHASSEE FL 32315-7309

Title	S
Name	LAWSON, CHARLES J
Address	PO BOX 37309
City-State-Zip:	TALLAHASSEE FL 32315-7309

Title	COO
Name	LAWSON II, JOEL H
Address	PO BOX 37309
City-State-Zip:	TALLAHASSEE FL 32315

*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:** KEITH O. LAWSON SR

CHAIRMAN

02/01/2022

Electronic Signature of Signing Officer/Director Detail

Date