

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G89392

**Entity Name:** LAWRENCE WILLIS & ASSOCIATES, INC.

**Current Principal Place of Business:**

% LAWRENCE M. WILLIS  
3120 W. CHEROKEE AVENUE  
TAMPA, FL 33611

**Current Mailing Address:**

% LAWRENCE M. WILLIS  
PO BOX 320164  
TAMPA, FL 33679 US

**FEI Number:** 59-2388855

**Certificate of Status Desired:** No

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

WILLIS, LAWRENCE MPRES  
% LAWRENCE M. WILLIS  
3222 W. BALLAST POINT BOULEVARD  
TAMPA, FL 33611 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 PST  
Name WILLIS, LAWRENCE M  
Address % LAWRENCE M. WILLIS  
PO BOX 320164  
City-State-Zip: TAMPA FL 33679

*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:** LAWRENCE WILLIS

**PRESIDENT**

**04/28/2020**

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date