

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G89392

Entity Name: LAWRENCE WILLIS & ASSOCIATES, INC.

Current Principal Place of Business:

% LAWRENCE M. WILLIS
19301 LIVINGSTON AVENUE
LUTZ, FL 33559

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
19301 LIVINGSTON AVENUE
LUTZ, FL 33559 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

04/16/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date