

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Murtham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M77354 (2)**

1. Corporation Name
NEWBERRY CONSTRUCTION OF TAMPA, INC.



Principal Place of Business: % ROBERT LEE NEWBERRY, P O BOX 2587, RIVERVIEW FL 33569
Mailing Address: % ROBERT LEE NEWBERRY, P O BOX 2587, RIVERVIEW FL 33569

3. Date Incorporated or Qualified 04/11/1988	3a. Date of Last Report 01/20/1995
4. FEI Number 59-2886498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 P.O. Box 1346 State, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 P.O. Box 1346 State, Apt. #, etc. 27 City & State 28 Zip Country
---	--

9. Name and Address of Current Registered Agent NEWBERRY, ROBERT LEE 6406 BRANDON CIRCLE RIVERVIEW FL 33569	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
---	---

11. Pursuant to the provisions of Sections 607.002 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.005, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	NEWBERRY, ROBERT LEE	2. NAME	
3. STREET ADDRESS	6406 BRANDON CIR	3. STREET ADDRESS	
4. CITY, STATE, ZIP	RIVERVIEW FL	4. CITY, STATE, ZIP	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
7. STREET ADDRESS		7. STREET ADDRESS	
8. CITY, STATE, ZIP		8. CITY, STATE, ZIP	
9. TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, STATE, ZIP		12. CITY, STATE, ZIP	
13. TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, STATE, ZIP		16. CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Lee Newberry* 1/16/96 813-247-2877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)