

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000055738

**Entity Name:** J. NEWTON ENTERPRISES, INC.

**Current Principal Place of Business:**

755 S. LITTLE JOHN AVENUE  
INVERNESS, FL 34450

**Current Mailing Address:**

755 S. LITTLE JOHN AVENUE  
INVERNESS, FL 34450

**FEI Number: 51-0468702**

**Certificate of Status Desired: Yes**

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

NEWTON, LORIE  
481 SOUTH REDBUD TERRACE  
INVERNESS, FL 34450 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 PD  
Name NEWTON, LORIE A  
Address 481 SOUTH REDBUD TERRACE  
City-State-Zip: INVERNESS FL 34450

Title VD  
Name NEWTON, JAMES R  
Address 481 SOUTH REDBUD TERRACE  
City-State-Zip: INVERNESS FL 34450

Title SECRETARY  
Name NEWTON, CHRISTINE  
Address 309 STOTLER AVENUE  
City-State-Zip: INVERNESS FL 34450

Title COO  
Name NEWTON, JOHN R  
Address PO BOX 1308  
City-State-Zip: LAKE PANASOFFKEE FL 33538

Title CAO  
Name NEWTON-CENKO, CASSIDY  
Address 1288 ALLEGHENY LANE  
City-State-Zip: NORTH PORT FL 34286

*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: CASSIDY NEWTON-CENKO**

**CAO**

**01/20/2020**

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

\_\_\_\_\_  
Date