

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 241246 (8)

1. Corporation Name

NEWTON MACHINE AND SUPPLY, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1237
4 S.PARKER AVE.
ARCADIA FL 33821

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4 S.PARKER AVE.
ARCADIA FL 33821

3. Date Incorporated or Qualified
10/18/1960

3a. Date of Last Report
11/06/1995

2. Principal Place of Business

2a. Mailing Address

21 4 S. Parker Ave

26 P. O. Box 1237

4. FEI Number

59-0916307

Applied For

Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 ARCADIA

28 ARCADIA

Zip

Country

Zip

Country

24 34266

25 DeSoto

29 34265

30 DeSoto

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWTON, JOSEPH L. II
612 W. WHIDDEN ST.
ARCADIA FL 33821

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STV
NAME NEWTON, JOSEPH L. II
STREET ADDRESS 612 W. WHIDDEN ST.
CITY - ST - ZIP ARCADIA FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS 4 S. PARKER AVE
14 CITY - ST - ZIP ARCADIA, FL 34266

☒ Change ☐ Addition

TITLE P
NAME NEWTON, JOSEPH L. II
STREET ADDRESS 612 W. WHIDDEN ST.
CITY - ST - ZIP ARCADIA FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS 4 S. PARKER AVE.
24 CITY - ST - ZIP ARCADIA,

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Joe Spurr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-92 941-494-2212
Date Daytime Phone #

CR2E034 (3/96)