FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **431278** **(1)**

1. Corporation Name
NEWMAN OIL COMPANY

Principal Place of Business
4804 LAUREL LANE
FT.MYERS FL 33908-9023

Mailing Address
4804 LAUREL LANE
FT.MYERS FL 33908-9023

3. Date Incorporated or Qualified: **07/24/1973**
3a. Date of Last Report: **01/17/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-1476000** Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent
NEWMAN, MICHAEL, Y
4804 LAUREL LANE
FT.MYERS FL 33908

10. Name and Address of New Registered Agent
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 607.0505, 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 of Officer or Director) (Signature of Registered Agent is required for resignation) DATE

12. OFFICERS AND DIRECTORS

TYPE: **PTD** ☐ DELETE
NAME: **NEWMAN,MICHAEL Y.**
STREET ADDRESS: **4804 LAUREL LANE**
CITY, ST, ZIP: **FT.MYERS FL**

TYPE: **VSD** ☐ DELETE
NAME: **NEWMAN, STEPHEN A.**
STREET ADDRESS: **15660 LIGHT BLUE CIRCLE**
CITY, ST, ZIP: **FT.MYERS FL**

TYPE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TYPE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TYPE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

TYPE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP 33968

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP 33908

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, 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: Michael Newman Pres. MICHAEL Y. NEWMAN 1-16-96 941-482-6499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)