

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 467044

1. Entity Name
NEWTON SEATING COMPANY, INCORPORATED.



Principal Place of Business
2344 HARPER STREET
P.O. BOX 2858
JACKSONVILLE, FL 32203

Mailing Address
2344 HARPER STREET
P.O. BOX 2858
JACKSONVILLE, FL 32203

FILED
Jan 15, 2004 08:00 AM
Secretary of State



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1566453 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BATES, MICHAEL C
3014 ST. JOHNS AVE.
JACKSONVILLE, FL 32205

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BATES, MICHAEL C
STREET ADDRESS 3014 ST. JOHNS AVE.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE T
NAME LEWIS, STACEY B
STREET ADDRESS 1636 KING STREET #4
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE S
NAME STRASSER, MARY B.
STREET ADDRESS 4895 WATER OAK LANE
CITY-ST-ZIP JACKSONVILLE, FL

TITLE V
NAME HATCH, JAMES A
STREET ADDRESS 5927 LONG COVE
CITY-ST-ZIP JACKSONVILLE, FL 32222

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000005409
01/15/04-80052-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Stacey B. Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/03 904/355-2080
Date Daytime Phone #