FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 21 PM 12: 41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **517989** **(0)**

1. Corporation Name
NEWCO SALES AGENCY, INC.

Principal Place of Business
~~4012 SABEL DR.~~
~~JACKSONVILLE FL 32211~~

Mailing Address
~~4012 SABEL DR.~~
~~JACKSONVILLE FL 32211~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 11651 Kingsley Manor Way	2a. Mailing Address: 26 Same
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville Fl.	City & State 28 Same
Zip 24 32225 County 25 Duval	Zip 29 Same County 30 Same

3. Date Incorporated or Qualified: 11/05/1976
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-1898243 — 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, JAMES W.
4012 SABEL DRIVE
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent

81 Name: NEWMAN James W.
82 Street Address (P.O. Box Number is Not Acceptable): 11651 Kingsley Manor Way
83
84 City: Jacksonville FL 85 Zip Code: 32225

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] DATE: 7-18-95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	NEWMAN, JAMES W.
STREET ADDRESS	4012 SABEL DRIVE
CITY ST ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	☐ Change ☐ Addition
1.2 NAME	Newman, James W.	
1.3 STREET ADDRESS	11651 Kingsley Manor Way	
1.4 CITY ST ZIP	Jacksonville, Fl 32225	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
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)(i), 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: [signature] Newman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7-18-95 Daytime Phone #: 904-645-0583

0028269 CP