

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 538558 (8)

1. Corporation Name

GERALD T. NEWMAN, INC.



Principal Place of Business

8107 PENSACOLA BLVD
PENSACOLA FL 32534
US

Mailing Address

8107 PENSACOLA BLVD
PENSACOLA FL 32534
US

3. Date Incorporated or Qualified
07/01/1977

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1764982

Applied For
Not Applicable

22

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWMAN, GERALD T
8107 PENSACOLA BLVD
PENSACOLA FL 32514-197

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME NEWMAN, GERALD T.
STREET ADDRESS 8107 PENSACOLA BLVD.
CITY-ST-ZIP PENSACOLA FL

TITLE ST ☐ DELETE

NAME NEWMAN, BEVERLY F
STREET ADDRESS 8107 PENSACOLA BLVD.
CITY-ST-ZIP PENSACOLA FL

TITLE D ☐ DELETE

NAME NEWMAN, GEARY T
STREET ADDRESS 654 KILLIAN ST.
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ DELETE

NAME PICARDI, JULIE N.
STREET ADDRESS 5032 ROLAND RD.
CITY-ST-ZIP PACE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS

TITLE ☐ DELETE

NAME
STREET ADDRESS

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TITLE ☐ DELETE

NAME
STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 904 478 5400

CR2E034 (12/95)