

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 625775 (2)

1. Corporation Name  
NEWMAN CONSULTING ENGINEERS, INC.



Principal Place of Business

1501 AKRON DRIVE  
LEESBURG FL 34748  
US

Mailing Address

NEWMAN CONSULTING ENG INC  
P O BOX 490264  
LEESBURG FL 34749-0264  
US

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/01/1979

3a. Date of Last Report

03/05/1996

4. FEI Number

59-1920043

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

DAVIS, RANTSON E.  
1321 W. CITIZENS BLVD.  
STE. F  
LEESBURG FL 32748

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 607.1508, 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

|                |                  |                                            |
|----------------|------------------|--------------------------------------------|
| TITLE          | S                | <input type="checkbox"/> DELETE            |
| NAME           | RIDDLE, JANET B. |                                            |
| STREET ADDRESS | 1501 AKRON DR    |                                            |
| CITY-ST-ZIP    | LEESBURG FL      |                                            |
| TITLE          | PTD              | <input type="checkbox"/> DELETE            |
| NAME           | RIDDLE, KEITH E. |                                            |
| STREET ADDRESS | 1501 AKRON DR    |                                            |
| CITY-ST-ZIP    | LEESBURG FL      |                                            |
| TITLE          | TD               | <input checked="" type="checkbox"/> DELETE |
| NAME           | RIDDLE, KEITH E. |                                            |
| STREET ADDRESS | 1501 AKRON DRIVE |                                            |
| CITY-ST-ZIP    | LEESBURG FL      |                                            |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |                                            |
| STREET ADDRESS |                  |                                            |
| CITY-ST-ZIP    |                  |                                            |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |                                            |
| STREET ADDRESS |                  |                                            |
| CITY-ST-ZIP    |                  |                                            |
| TITLE          |                  | <input type="checkbox"/> DELETE            |
| NAME           |                  |                                            |
| STREET ADDRESS |                  |                                            |
| CITY-ST-ZIP    |                  |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> 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 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 as an attachment with an address.

SIGNATURE:

Keith E. Riddle  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/31/97

Daytime Phone #

(352) 787-7482

0468255

CR2E034 (9/96)