

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

FILED

May 13 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 # F20300

(2)

1. Corporation Name

NEWLON ASSOCIATES, INC.

Principal Place of Business

11029 CURLEY RD  
PO BOX 547  
SAN ANTONIO FL 33576  
US

Mailing Address

13102 CURLEY RD  
PO BOX 547  
SAN ANTONIO FL 33576-0547  
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

NEWLON, JOSEPH A  
13102 CURLEY ROAD  
SAN ANTONIO FL 33576

3. Date Incorporated or Qualified

02/18/1981

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2059577

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

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DST  
NAME  
NEWLON, JOSEPH  
STREET ADDRESS  
13102 CURLEY RD  
CITY-ST-ZIP  
SAN ANTONIO FL

☐ DELETE

TITLE

DV  
NAME  
NEWLON, SUZANNE  
STREET ADDRESS  
13102 CURLEY RD  
CITY-ST-ZIP  
SAN ANTONIO FL

☐ DELETE

TITLE

DP  
NAME  
NEWLON, TIMOTHY  
STREET ADDRESS  
4001 17TH STREET  
CITY-ST-ZIP  
ST. PETERSBURG FL

☐ DELETE

TITLE

D  
NAME  
NEWLON, JONATHAN  
STREET ADDRESS  
700 SW 62ND BLVD #E-64  
CITY-ST-ZIP  
GAINESVILLE FL

☐ DELETE

TITLE

D  
NAME  
NEWLON, ALLISON  
STREET ADDRESS  
4001 17TH STREET NORTH  
CITY-ST-ZIP  
ST. PETERSBURG FL

☐ DELETE

TITLE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

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 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]*

*[Signature]*

4-27-97

413-521-2767

CR2E034 (9/96)