


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # G11163 1. Entity Name NEWTON-HARRIS CO.	
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Principal Place of Business 200 W FORSYTH ST SUITE 1600 JACKSONVILLE, FL 32202 US	Mailing Address 200 W FORSYTH ST SUITE 1600 JACKSONVILLE, FL 32202 US
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01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2236055	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH & HULSEY, PROFESSIONAL ASSOCIATION
1800 FL.NATL BN TOWER
225 WATER STREET
JACKSONVILLE, FL 32202

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VTS
NAME	VAUGHAN, DREAMA D
STREET ADDRESS	200 W FORSYTH ST STE 1600
CITY- ST- ZIP	JACKSONVILLE, FL 32202
TITLE	PD
NAME	NEWTON, RUSSELL B JR
STREET ADDRESS	200 W FORSYTH ST STE 1600
CITY- ST- ZIP	JACKSONVILLE, FL 32202
TITLE	V
NAME	NEWTON, RUSSELL B III
STREET ADDRESS	200 W FORSYTH ST STE 1600
CITY- ST- ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Russell B Newton 1/12/06 (904) 356-1779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #