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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90248 029 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H04205

1. Corporation Name

NEWPORT COMMUNICATIONS, INC.

Principal Place of Business

1468 LEE BLVD  
P.O. BOX 417  
LEHIGH ACRES FL 33970-7417  
US

Mailing Address

1468 LEE BLVD  
P.O. BOX 417  
LEHIGH ACRES FL 33970-7417  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1984

4. FEI Number

59-2417587

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 25 Homestead Rd N

Suite, Apt. #, etc.

22 UNIT 29

City & State

23 Lehigh Acres, FL

Zip Country

24 33936 25 USA

2a. Mailing Address

26 P.O. Box 417

Suite, Apt. #, etc.

27

City & State

28 Lehigh Acres, FL

Zip Country

29 33970 30 USA

9. Name and Address of Current Registered Agent

REYNOLDS, A BRINTON, JR  
801 N. LEEKLAND HTS BLVD.  
LEHIGH ACRES FL 33936

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 ☐ DELETE

NAME  
HODDE, CHARLES G.  
STREET ADDRESS  
1121 RUSHMORE AVE S.  
CITY-ST-ZIP  
LEHIGH ACRES FL

TITLE ☐ DELETE

NAME  
HODDE, CHARLES G. JR.  
STREET ADDRESS  
1538 CANAL ST  
CITY-ST-ZIP  
LEHIGH ACRES FL

TITLE ☐ DELETE

NAME  
HODDE, E. ADELAIDE  
STREET ADDRESS  
1121 RUSHMORE AVE S.  
CITY-ST-ZIP  
LEHIGH ACRES FL

TITLE ☐ DELETE

NAME  
CALIA, M. A.  
STREET ADDRESS  
145 PALMER AVE.  
CITY-ST-ZIP  
RIVERSIDE RI

TITLE ☒ DELETE

NAME  
HODDE, JOYCE L.  
STREET ADDRESS  
1538 CANAL ST  
CITY-ST-ZIP  
LEHIGH ACRES FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/99 941-368-0100

CR2E034 (11/98)

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