

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H37277

1. Corporation Name

THE NEWBERN CORPORATION OF COCOA BEACH

Principal Place of Business

3801 N. ATLANTIC AVE.
COCOA BCH. GL 32931
US

Mailing Address

1880 S. HUNTINGTON LN.
ROCKLEDGE FL 32955
US

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90069 042 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1985

4. FEI Number

59-2483918

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWBERN, THOMAS L.
1800 S. HUNTINGTON LN.
ROCKLEDGE FL 32955

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 NEWBERN, THOMAS L.
STREET ADDRESS 1789 ROCKLEDGE DR.
CITY-ST-ZIP ROCKLEDGE FL

1.1 TITLE ☐ Change ☐ Addition

TITLE SDT ☐ DELETE

NAME NEWBERN, MARGUERITE C.
STREET ADDRESS 1789 ROCKLEDGE DR.
CITY-ST-ZIP ROCKLEDGE FL

2.1 TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME BOYD, HOPE N.
STREET ADDRESS 1675 S FISKE BLVD #239J
CITY-ST-ZIP ROCKLEDGE FL

3.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME BOYD, HOPE N
STREET ADDRESS 3575 JAMES RD
CITY-ST-ZIP COCOA FL 32924

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 in an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0116315

4-10-99 407-631-5203