

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

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # H69933 (0)		
1. Corporation Name WILLIAM E. NEWMAN, INC.		



DO NOT WRITE IN THIS SPACE

Principal Place of Business 7012 PINE FOREST RD PENSACOLA FL 32526 US		Mailing Address P O BOX 37248 PENSACOLA FL 32526-0248 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Country	
24		29	
25		30	
3. Date Incorporated or Qualified 08/05/1985		4. FEI Number 59-2568338	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent NEWMAN, WILLIAM E 9908 STONE MEADOW ROAD PENSACOLA FL 32514 - 1667		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		86 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

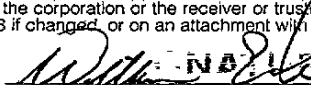
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	NEWMAN, WILLIAM E	1.2 NAME	
STREET ADDRESS	9908 STONE MEADOW ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514-1667	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	DS
NAME	NEWMAN, REBECCA S	2.2 NAME	
STREET ADDRESS	9908 STONE MEADOW ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32514-1667	2.4 CITY-ST-ZIP	
TITLE	D VP	3.1 TITLE	D VP
NAME	WHITE, CHARLES V	3.2 NAME	WHITE, CHARLES V
STREET ADDRESS	35776 BOYKIN BLVD.	3.3 STREET ADDRESS	35776 BOYKIN BLVD
CITY-ST-ZIP	LILLIAN, AL 36549	3.4 CITY-ST-ZIP	LILLIAN, AL 36549
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address.

SIGNATURE:  NAME REQUIRED

CR2E034 (10/97)