

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J02202

1. Entity Name
NEWMAN INTERNATIONAL TRANSPORT, INC.



Principal Place of Business
% EDWARD CAMPBELL, III
101 E KENNEDY BLVD, STE 4050
TAMPA, FL 33602

Mailing Address
% EDWARD CAMPBELL, III
101 E KENNEDY BLVD, STE 4050
TAMPA, FL 33602

FILED
Jul 14, 2008 08:00 AM
Secretary of State



07102008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2681413

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAMPBELL, EDWARD S., III
1907 WEST KENNEDY BLVD.
TAMPA, FL 33606

**DO NOT WRITE
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
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NEWMAN, WILLIAM N.
STREET ADDRESS	866 S DAVIS BLVD
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	SD
NAME	CAMPBELL, EDWARD S., III
STREET ADDRESS	1907 W KENNEDY BLVD
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	VPD
NAME	HOLLISTER, GISELLE M
STREET ADDRESS	101 E KENNEDY BLVD., STE. 4050
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	PETRY, MICHAEL CLAY
STREET ADDRESS	101 E KENNEDY BLVD., STE. 4050
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000954786
07/14/08-80014-024 150.00

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William N. Newman

Date

Daytime Phone #

7/10/08

813 221 5000