SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/4/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:19

DOCUMENT # **K20012** **(6)**

1. Corporation Name

NEWMANS' CONSTRUCTION CO.

Principal Place of Business	Mailing Address
2009 COUNTY RD C-30 P O BOX 188 PORT ST. JOE FL 32456	2009 COUNTY RD C-30 P O BOX 188 PORT ST. JOE FL 32456

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/04/1988
3a. Date of Last Report: 08/12/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

Suite, Apt. #, etc. (22) (27)

City & State (23) (28)

Zip (24) County (25) Zip (29) Country (30)

4. FEI Number: 59-2919992 ☐ 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

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MOORE, ROBERT M.
324 REID AVE
P.O BOX 248
PORT ST. JOE FL 32456

10. Name and Address of New Registered Agent

81 Name: Charles Costin
82 Street Address (P.O. Box Number is Not Acceptable): 413 Williams Ave.
83
84 City: Port St. Joe, FL 85 Zip Code: 32456

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] 7/31/95
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	D	1.1 TITLE	President	☒ Change ☐ Addition
NAME	NEWMAN, GEORGE S.	1.2 NAME	Newman, George S.	
STREET ADDRESS	2009 COUNTY RD C-30	1.3 STREET ADDRESS	7911 West Highway 98	
CITY-ST-ZIP	PORT ST. JOE FL	1.4 CITY-ST-ZIP	Port St. Joe, Fla. 32456	
TITLE	D	2.1 TITLE	Secretary/Treasurer	☒ Change ☐ Addition
NAME	NEWMAN, DEBORAH H.	2.2 NAME	Newman, Deborah H.	
STREET ADDRESS	2009 COUNTY RD C-30	2.3 STREET ADDRESS	7911 West Highway 98	
CITY-ST-ZIP	PORT ST. JOE FL	2.4 CITY-ST-ZIP	Port St. Joe, Florida 32456	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

C32E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X [signature] Deborah H. Newman Sec/Treasurer 7/31/95 904-227-1222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0120706 FP