

PO10000096115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

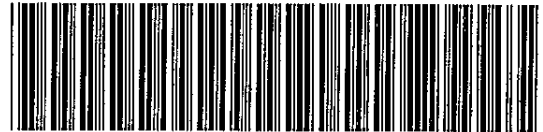
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04 JAN 14 PM 1:55
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NEWPORT CONTRACTING & DEVELOPMENT, INC.
(Name of corporation)

DOCUMENT NUMBER: P01000096115

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

SHERRY LYNN PORTER
(Name of person)

NEWPORT CONTRACTING & DEVELOPMENT, INC.
(Name of firm/company)

3579 SOUTH ACCESS ROAD, SUITE L
(Address)

ENGLEWOOD, FL 34224
(City/state and zip code)

For further information concerning this matter, please call:

K STEVEN ROBERTS at (214) 765 5540
(Name of person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

FILED
04 JAN 14 PM 1:55
TALLAHASSEE, FLORIDA

Dec. 9. 2003 9:26AM

No.6592 P. 2



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 2, 2003

SHERRY LYNN PORTER
NEWPORT CONTRACTING & DEVELOPMENT, INC.
3579 SOUTH ACCESS ROAD - SUITE L
ENGLEWOOD, FL 34224

SUBJECT: NEWPORT CONTRACTING & DEVELOPMENT, INC.
Ref. Number: P01000096115

FILED
04 JAN 14 PM 1:55
TALLAHASSEE, FLORIDA

We have received your document for NEWPORT CONTRACTING & DEVELOPMENT, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 703A00064712

RECEIVED
04 JAN 14 AM 9:15
DIVISION OF CORPORATIONS

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NEWPORT CONTRACTING & DEVELOPMENT, INC.
2. The principal office address: 6919 SPINNAKER BLVD.
ENGLEWOOD, FL 34224
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/1/01 Document number: P01000096115

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

TASO M. MILONAS
1800 SECOND STREET
SARASOTA, FL 34236

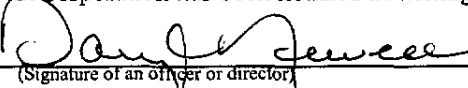
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DARRYL A. NEWELL
3579 SOUTH ACCESS ROAD, SUITE L
(P.O. Box or personal mailbox NOT acceptable)
ENGLEWOOD, FL 34224

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04 JAN 14 PM 1:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

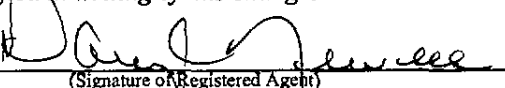
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

DARRYL A. NEWELL SECRETARY
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

1/6/04
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314