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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 07 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000056122 (3)

**NEWTON & HARRINGTON. INC.** Principal Place of Business Mailing Address 2801 AIRPORT BLVD 2001 AIRPORT BLVD SANFORD FL 32771 SANFORD FL 32771 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/10/1993 2. Principal Place of Business 2a. Mailing Address Applied For 59-3198618 Not Applicable 21 26 Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Żip Country Country This corporation owes or has paid the current year intangible 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name NEWTON, STANLEY L 2801 AIRPORT BLVD Street Address (P.O. Box Number is Not Acceptable) SANDORD FL 32771 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. STANLEY L. NEWTON 4-28-98 SIGNATURE of registered agent and title if applica OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE ☐ Change Addition HARRINGTON, LEE NAME 1.2 NAME 203 BENSON JUNCTION RD STREET ADDRESS 1.3 STREET ADDRESS DEBARY FL 32713 CITY-ST-ZIP 1.4 CITY-\$1-ZIP DELETE Addition T(T) F 21 TIBE NEWTON, STANLEY L MAME 2.2 NAME 203 BENSON JUNCTION RD STREET ADDRESS 2.3 STREET ADDRESS DEBARY FL 32713 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADORESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I hereby certify that the information supplied with this filling 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 churged, or on an attachment with a address.

SIGNATURE: 407-318-0444