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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # PA300006062
 1. Corporation Name
NEWTON / HARRINGTON LLC

Principal Place of Business Mailing Address
1100 CORNELL DR.
SANFORD, FL 32771

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8-10-1993

4. FEI Number
57-3198618 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

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
STANLEY L. NEWTON
1100 CORNELL DR.
SANFORD, FL. 32771

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 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 STANLEY L. NEWTON Stanley L. Newton 6/2/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when re-stating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
	<u>Stanley L. Newton</u>	<u>1100 CORNELL DR.</u>	<u>SANFORD, FL 32771</u>	
	<u>LEE D. HARRINGTON</u>	<u>UP 55C</u>	<u>349 BIRCH WALK ST</u>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE Lee D. Harrington LEE D. Harrington 4/27/99 323-4436
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/199)

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