FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000035383 (6)**

1. Corporation Name
NEW ST INC.

Principal Place of Business	Mailing Address
6508 N.W. 53RD TERRACE GAINESVILLE FL 32606	6508 N.W. 53RD TERRACE GAINESVILLE FL 32606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/06/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 6508 NW 53 TERRACE	26 6508 NW 53 TERRACE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: GAINESVILLE FL	28 City & State: GAINESVILLE FL
24 Zip: 32653 25 Country: USA	29 Zip: 32653 30 Country: USA

4. FEI Number: 59-3271992 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CURTIS, ROBERT H 6508 N.W. 53RD TERRACE GAINESVILLE FL 32606	81 Name: CURTIS, ROBERT H 82 Street Address (P.O. Box Number is Not Acceptable): 6508 NW 53 TERRACE 83 84 City: GAINESVILLE FL 85 Zip Code: 32653

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	CURTIS, ROBERT H	1.2 NAME	CURTIS, ROBERT H	
STREET ADDRESS	6508 N.W. 53RD TERRACE	1.3 STREET ADDRESS	6508 NW 53 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	STVD	2.1 TITLE	STVD	☑ Change ☐ Addition
NAME	CURTIS, MICHELE C	2.2 NAME	CURTIS, MICHELE C	
STREET ADDRESS	6508 N.W. 53RD TERRACE	2.3 STREET ADDRESS	6508 NW 53 TERRACE	
CITY-ST-ZIP	GAINESVILLE FL 32606	2.4 CITY-ST-ZIP	GAINESVILLE FL 32653	
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		

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)(k), 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: Robert Curtis as President of NewST Incorporated 4/22/95 904 376-9219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084210 CP