

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000035383 (6)**

1. Corporation Name

NEW ST INC.



Principal Place of Business

**6508 N.W. 53 TERR.
GAINESVILLE FL 32653
US**

Mailing Address

**6508 N.W. 53RD TERR.
GAINESVILLE FL 32653
US**

3. Date Incorporated or Qualified
05/06/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21 ~~6508 N.W. 53 TERRACE~~

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3271992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 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. 53 TERR.
GAINESVILLE FL 32653**

81 Name

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

83

84 City

FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD
CURTIS, ROBERT H**
STREET ADDRESS **6508 N.W. 53 TERR.**
CITY-STATE-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME **STVD
CURTIS, MICHAEL C**
STREET ADDRESS **6508 N.W. 53RD TERRACE**
CITY-STATE-ZIP **GAINESVILLE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

NAME **PD
CURTIS, ROBERT H**
STREET ADDRESS **6508 NW 53 TERRACE**
CITY-STATE-ZIP **GAINESVILLE FL 32653**

2.1 TITLE ☒ Change ☐ Addition

NAME **STVD
CURTIS, MICHAEL C**
STREET ADDRESS **6508 NW 53 TERRACE**
CITY-STATE-ZIP **GAINESVILLE FL 32653**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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: *Michael C. Curtis* as VICE PRESIDENT OF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEW ST INC.

2/20/96

Date

(352) 376 9219

Daytime Phone #

CR2E034 (12/95)