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 11 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000067204 (5)**

1. Corporation Name
NEWCMT, INC.

Principal Place of Business	Mailing Address
19353 US HIGHWAY 19 NORTH CLEARWATER FL 34624	19353 US HIGHWAY 19 NORTH CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/13/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: County — 25:
Zip — 29: County — 30:

4. FEI Number: **59-3268078** ☐ 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 [illegible] for [illegible] under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

~~HIGGINS, JOHN P~~
~~100 SECOND AVENUE SOUTH~~
~~STE. 1202~~
~~ST. PETERSBURG FL 33701~~

10. Name and Address of New Registered Agent

81 Name: Morris A. LeCompte, Esquire
82 Street Address (P.O. Box Number is Not Acceptable): 100 Second Avenue South
83: City Center - 12th Floor
84 City: St. Petersburg FL 85 Zip Code: 33701

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: Morris A. LeCompte — Morris A. LeCompte — DATE: 2/25/95
(Signature, typed or printed name of registered agent and the date of execution) NOTE: Registered Agent signature required when filing/mailing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	P ☐ Change ☒ Addition
NAME	COPE, RICHARD W	12 NAME	
STREET ADDRESS	19353 US HIGHWAY 19 NORTH	13 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL 34624	14 CITY ST ZIP	
TITLE	D	21 TITLE	S ☐ Change ☒ Addition
NAME	TOOKE, EDWIN C	22 NAME	
STREET ADDRESS	19353 US HIGHWAY 19 NORTH	23 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL 34624	24 CITY ST ZIP	
TITLE	D	31 TITLE	V ☐ Change ☒ Addition
NAME	MUELLER, JAMES G	32 NAME	
STREET ADDRESS	19353 US HIGHWAY 19 NORTH	33 STREET ADDRESS	
CITY ST ZIP	CLEARWATER FL 34624	34 CITY ST ZIP	
TITLE		41 TITLE	T ☐ Change ☒ Addition
NAME		42 NAME	Sticco, Lewis A.
STREET ADDRESS		43 STREET ADDRESS	19353 US Highway 19 North, Suite 100
CITY ST ZIP		44 CITY ST ZIP	Clearwater, FL 34624
TITLE		51 TITLE	V ☐ Change ☒ Addition
NAME		52 NAME	Stanley W. Cowherd, Jr.
STREET ADDRESS		53 STREET ADDRESS	6943 18th Street
CITY ST ZIP		54 CITY ST ZIP	Boca Raton, FL 33433
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: L. A. Sticco — Lewis A. Sticco — 4/6/95 — 813/538-5468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000001 CP