

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90001 049 ***150.00

DOCUMENT # P95000097803

1. Corporation Name

STEELE & NEWMAN ENTERPRISES, INC.

Principal Place of Business

2709 ART MUSEUM DR
SUITE 1
JACKSONVILLE FL 32207
US

Mailing Address

2709 ART MUSEUM DR
SUITE 1
JACKSONVILLE FL 32207
US

2. Principal Place of Business

21 101 Century 21 Drive

Suite, Apt. #, etc.

22 Suite 110

City & State

23 Jacksonville, Fl

Zip Country

24 32216 25 Duval

2a. Mailing Address

26 101 Century 21 Drive

Suite, Apt. #, etc.

27 Suite 110

City & State

28 Jacksonville, Fl

Zip Country

29 32216 30 Duval

9. Name and Address of Current Registered Agent

STEELE, LINDA N
2709 ART MUSEUM DR
SUITE 1
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1995

4. FEI Number

59-3370953

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

10. Name and Address of New Registered Agent

81 Name

Linda N. Steele

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

101 Century 21 Drive

83

Suite 110

84 City

Jacksonville

FL

85 Zip Code
32216

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

Linda N. Steele, Pres Linda N. Steele

4/29/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME STEELE, LINDA
STREET ADDRESS 3063-1 HARTLEY ROAD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE VPT ☒ DELETE

NAME NEWMAN, WILLIAM J
STREET ADDRESS 8302 BARQUERO COURT NORTH
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

Linda N. Steele, Pres Linda N. Steele 4/29/99 904-726-5995

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)