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FILED

Apr 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000075852 (8)

1. Corporation Name

NEWTON & ASSOCIATES OF SW FL, INC.



Principal Place of Business

2135 VIRGINIA AVE., SUITE 15  
FT. MYERS FL 33901

Mailing Address

2135 VIRGINIA AVE., SUITE 15  
FT. MYERS FL 33901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/29/1997

4. FEI Number

65-0779515

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21  
Suite, Apt. #, etc.

22  
City & State

23  
Zip

24  
Country

2a. Mailing Address

26  
Suite, Apt. #, etc.

27  
City & State

28  
Zip

29  
Country

30

9. Name and Address of Current Registered Agent

NEWTON, DAVID L  
2135 VIRGINIA AVE., SUITE 15  
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

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

DAVID L. NEWTON V. PRES.

4-10-98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT D.S. ☐ DELETE

NAME RAJARA NEWTON  
STREET ADDRESS 8135 VIRGINIA AVE. STE. 15  
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE V.T.D.C. ☐ DELETE

NAME DAVID L. NEWTON  
STREET ADDRESS 8135 VIRGINIA AVE #15  
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE V.D. ☐ DELETE

NAME WAYNE D. SHEPLAK  
STREET ADDRESS 5340 DANA RD  
CITY-ST-ZIP FT. MYERS, FL 33905

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.

SIGNATURE:

DAVID L. NEWTON

4-10-98 941-338-8137

CR2E034 (10/97)