

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90162 049 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000006726**

1. Corporation Name  
**NEWT, INC.**



Principal Place of Business  
**2121 N.E. COACHMAN ROAD, SUITE 4  
CLEARWATER FL 33765**

Mailing Address  
**2121 N.E. COACHMAN ROAD, SUITE 4  
CLEARWATER FL 33765**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 **118 N. Meteor Ave**

2a. Mailing Address  
26 **"SAME"**

3. Date Incorporated or Qualified  
**01/20/1998**

4. FEI Number  
**59-3500935**

Applied For  
☐ Not Applicable

22 **Suite A**

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

23 **Clearwater FL**

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

24 **33765**

29 Zip Country

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COLAMARINO, JEFFREY D  
2121 N.E. COACHMAN ROAD, SUITE 4  
CLEARWATER FL 33765**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**118 N Meteor Ave**  
83 **Suite A**  
84 City **Clearwater** **FL** 85 Zip Code **33765**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE **D**  
NAME **COLAMARINO, JEFFREY D**  
STREET ADDRESS **1725 FLAGLER DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33755**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D**  
NAME **MARSHALL, JAMES L**  
STREET ADDRESS **1456 HIGHFIELD DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33764**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D**  
NAME **SMITH, WILLIAM S**  
STREET ADDRESS **1324 HIGHFIELD DRIVE**  
CITY-ST-ZIP **CLEARWATER FL 33764**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 27, 99**

Date

**727-466-6398**

Daytime Phone #

CR2E034 (11/98)