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PROFIT CORPORATION ANNUAL REPORT

appears in Block 12 or Block



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(6)

 Corporation Name RONALD NEWSOM CONSTRUCTION AND CONSULTANTS, INC.

Mailing Address Principal Place of Business PO BOX 3302 PO BOX 3302 NORTH FT. MYERS FL 33918 NORTH FT. MYERS FL 33918 3a. Date of Last Report 01/20/1995 3. Date incorporated or 09/25/1990 4. FEI Number 65-0221104 Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 5 9me 26 104 2,77125 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees N. F.A. 28 8. This corporation has liability for intangible tax under s 199.032, Country Yes No 1 Florida Statutes 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name NEWSOM, RONALD Street Address (P.O. Box Number is Not Acceptable) 82 104 LITTLE GROVE LANE NORTH FT. MYERS FL 33917 83 85 Zio Code 84 City 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. DATE (NOTE: Rugistered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1 1 TiTLE TITLE NEWSOM, RONALD 1.2 NAME NAME 104 LITTLE GROVE LANE 1.3 STREET ADDRESS STREET ADDRESS N. FT. MYERS FL 1.4 CITY - ST - ZIP CITY-ST-ZIF **VSD** Change Addition DELETE 2.1 TITLE TITLE NEWSOM, KATHRYN 22 NAME NAME 104 LITTLE GROVE LANE 23 STREET ADDRESS STREET ADDRESS NORTH FT. MYERS FL 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELFTE 3 1 TITLE TILLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 4. 1 THILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change ■ Addition DELETE 5 1 TITLE HILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Charge ■ Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CiTY-ST-ZIP

Ronald Newson 4-25-46 SIGNATURE:

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 annuals in Block 12 of Block 13 if changed or on the statement with an address.