FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995 5-1-95 B-6902 C

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 11:20

DOCUMENT # S41840 (7)

1. Corporate Name
NEW AUGUSTA ASSOCIATES, INC.

Principal Office Address
4600 W. KENNEDY BLVD
TAMPA FL 33609

Mailing Address
4600 W. KENNEDY BLVD.
TAMPA FL 33609

2. Date of Incorporation: 03/28/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3060257 — 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 taken, or intends to take, action under S. 607.0901 Florida Statutes: No

21 / 26 / 22 / 27 / 23 / 28 / 24 / 25 / 29 / 30

9. Name and Address of Current Registered Agent
SALEM, ALBERT M., JR.
4600 W. KENNEDY BLVD.
TAMPA FL 33609

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 Section 607.325, and/or 607.1008, 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 hereby accept the obligations of Section 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	SALEM, ALBERT M., JR.
STREET ADDRESS	4600 W. KENNEDY BLVD.
CITY, ST, ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY, ST, ZIP — Change / Addition

14. I hereby certify that the information supplied with this report is validly furnished and does not qualify for the exemption from filing fees under 119.07, Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and correct and that my signature below constitutes an affirmation under penalties of perjury that I have the authority to execute this report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attached list with an asterisk.

SIGNATURE: Pres. 4-26-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0294331 CP