

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V57292** (7)

1. Corporation Name
NEW TOWN PROPERTIES, INC.



Principal Place of Business
**2017 MCGREGOR BLVD.
FORT MYERS FL 33901**

Mailing Address
**2017 MCGREGOR BLVD.
FORT MYERS FL 33901**

3. Date Incorporated or Qualified **08/10/1992** 3a. Date of Last Report **01/17/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

65-0350590

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DAVID CARLETON HALL
2017 MCGREGOR BLVD.
FORT MYERS FL 33901**

81 Name

William P. Valenti

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

2017 McGregor Blvd.

83

84 City

Fort Myers

FL

85 Zip Code

33901

11. Pursuant to the provisions of Sections 607.0502 and 607.4508, 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 607.05, Florida Statutes.

SIGNATURE

William P. Valenti
Signature of person or persons authorized to register agent and file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

1/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WILLIAM P. VALENTI	
STREET ADDRESS	2017 MCGREGOR BLVD.	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TAYLOR, HAROLD S. JR	
STREET ADDRESS	2017 MCGREGOR BLVD.	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	DAVID CARLETON HALL	
STREET ADDRESS	2017 MCGREGOR BLVD.	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARNELL, SIDNEY	
STREET ADDRESS	2017 MCGREGOR BLVD	
CITY - ST - ZIP	FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

Date

941-334-2020

Daytime Phone #

CR2E034 (12/95)