

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # V60760**

1. Entity Name  
10 SOUTH NEWMAN, INC.



Principal Place of Business  
136 EAST BAY ST.  
JACKSONVILLE, FL 32202

Mailing Address  
136 EAST BAY ST.  
JACKSONVILLE, FL 32202



02252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3145686

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

COKER, HOWARD C.  
136 EAST BAY STREET  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000870301  
04/09/08-80086-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	SCHICKEL, JOHN J
STREET ADDRESS	136 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DS
NAME	MYERS, M. W
STREET ADDRESS	136 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DVP
NAME	COKER, HOWARD C
STREET ADDRESS	136 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	DVP
NAME	SORENSEN, CHARLES A
STREET ADDRESS	136 EAST BAY STREET
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles A. Sorenson

324-08

Date

904 356 6071

Daytime Phone #