FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V66599** **(4)**

1. Corporation Name
THE NEWLYN GROUP, INC.

Principal Place of Business	Mailing Address
4550 47TH ST. W. #409 BRADENTON FL 34210-2939 US	4550 47TH ST. W. #409 BRADENTON FL 34210-2939 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21: 150 Tollgate LN
22: Suite, Apt. #, etc.
23: City & State: Islamorada
24: Zip: FL 33036
25: Country: U.S.

2a. Mailing Address
26: 150 Tollgate LN
27: Suite, Apt. #, etc.
28: City & State: Islamorada
29: Zip: FL 33036
30: Country: U.S.

4. FEI Number: 65-0360862 ☐ 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 liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NEWLYN, MARC P
4550 47TH STREET WEST
BRADENTON FL 34210

10. Name and Address of New Registered Agent

81 Name: Philip P. Newlyn
82 Street Address (P.O. Box Number is Not Acceptable)
83: 150 Tollgate LN
84 City: Islamorada FL 85 Zip Code: 33036

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] (Signature, typed or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 4/24/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS	11 TITLE	DVS ☐ Change ☐ Addition
NAME	NEWLYN, MARC P	12 NAME	Newlyn, Marc P.
STREET ADDRESS	4550 47TH STREET WEST #409	13 STREET ADDRESS	150 Tollgate LN
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	Islamorada FL 33036
TITLE	DPT	21 TITLE	DPT ☐ Change ☐ Addition
NAME	NEWLYN, PHILIP P	22 NAME	Newlyn, Philip P.
STREET ADDRESS	1125 DOVE AVE	23 STREET ADDRESS	150 Tollgate LN
CITY-ST-ZIP	MIAMI SPRINGS FL	24 CITY-ST-ZIP	Islamorada FL 33036
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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.

SIGNATURE: [signature] 4/24/95
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0347344 CP