

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 219747

Entity Name: J. C. NEWMAN CIGAR CO.**Current Principal Place of Business:**2701 16TH ST
TAMPA, FL 33605-2616**Current Mailing Address:**P.O. BOX 2030
TAMPA, FL 33601**FEI Number:** 59-0884171**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NEWMAN, ERIC
2701 16TH ST
TAMPA, FL US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PD
Name	NEWMAN, ERIC
Address	401 ROYAL POINCIANA DR
City-State-Zip:	TAMPA FL

Title	ST
Name	MARTIN, SHIRA D
Address	18916 15TH PLACE SW
City-State-Zip:	LUTZ FL 33548

Title	O
Name	DOLAK, RICHARD
Address	473 BATH CLUB BLVD N
City-State-Zip:	NORTH REDINGTON BEACH FL 33708

Title	O
Name	HARVEY-LEE, SHANDA
Address	6210 ASHLEY DR.
City-State-Zip:	LAKELAND FL 33813

Title	VD
Name	NEWMAN, ROBERT
Address	3102 BEACH DR.
City-State-Zip:	TAMPA FL

Title	O
Name	BUECHEL, WALTER G
Address	3068 MAGNOLIA CT
City-State-Zip:	EDGEWOOD KY 41017

Title	O
Name	LEWIS, SCOTT W
Address	7111 BUCKS FORD DR
City-State-Zip:	RIVERVIEW FL 33569

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ERIC NEWMAN**PRESIDENT****03/08/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date