FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT
1995

APPROVED AND FILED

DOCUMENT # 465634 (4)

95 MAY -1 AM 9:16

NORTHROP'S OF SANTA ROSA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

204 CAROLINE ST SE
MILTON FL 32570-1809

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MILTON FL 32570-1809

3. Date Incorporated/Qualified: 12/02/1974
3a. Date of Last Report: 04/20/1994

4. FEI Number: 59-1573524
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. Is this entity currently subject to dissolution or revocation pursuant to Florida Statutes: [X] Yes [ ] No

9. Name and Address of Current Registered Agent

NORTHROP, ROBERT COLE
204 CAROLINE ST SE
SIX FLAGS SHOPPING CENTER
MILTON FL 32570

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 607.1501 or 617.1501, 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. Service 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 607.325, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (FILL IN)
TITLE	P	[ ] Change [ ] Addition
NAME	NORTHROP, I.H. JR.	
STREET ADDRESS	204 CAROLINE ST. S.E.	
CITY-ST-ZIP	MILTON FL	
TITLE	VST	[ ] Change [ ] Addition
NAME	NORTHROP, ROBERT	
STREET ADDRESS	204 CAROLINE ST. S.E.	
CITY-ST-ZIP	MILTON FL	
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] Change [ ] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this 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 this report is executed in accordance with Chapter 607, Florida Statutes.

SIGNATURE: I.W. Northrop 5/1/95 9104623345 1

I. W. Northrop, Jr.
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0391814 CP