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 # **465634** **(4)**

1. Corporation Name

NORTHROP'S OF SANTA ROSA, INC.

Principal Place of Business	Mailing Address
204 CAROLINE ST SE MILTON FL 32570-1809	204 CAROLINE ST SE MILTON FL 32570-1809

3. Date Incorporated or Qualified: **12/02/1974**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 6754 Highway 90
22 Suite, Apt. #, etc.
23 City & State: Milton, Fl.
24 Zip: 32570
25 Country: Santa Rosa

2a. Mailing Address
26 6754 Highway 90
27 Suite, Apt. #, etc.
28 City & State: Milton, Fl.
29 Zip: 32570
30 Country: Santa Rosa

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. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ 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: I. H. Northrop, Jr
82 Street Address (P.O. Box Number is Not Acceptable): 6754 Highway 90
83
84 City: Milton **FL** 85 Zip Code: 32570

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: I. H. Northrop, Jr 2-14-96
Signature of new registered agent or printed name of registered agent, as appropriate (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	NORTHROP, I.H. JR.		1.2 NAME		
STREET ADDRESS	204 CAROLINE ST. S.E.		1.3 STREET ADDRESS	6754 Highway 90	
CITY-ST-ZIP	MILTON FL		1.4 CITY-ST-ZIP		
TITLE	VST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	NORTHROP, ROBERT		2.2 NAME		
STREET ADDRESS	204 CAROLINE ST. S.E.		2.3 STREET ADDRESS	6754 Highway 90	
CITY-ST-ZIP	MILTON FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: I. H. Northrop, Jr 2/14/96 904-623-3451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #