

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P13935 (2)**  
1. Corporation Name  
**NORTHERN CLEARING, INC.**



Principal Place of Business Mailing Address  
**1805 WEST MAIN STREET ASHLAND WI 54806 US** **P O BOX 654 ASHLAND WI 54806-0654**

3. Date Incorporated or Qualified <b>04/07/1987</b>	3a. Date of Last Report <b>03/22/1996</b>
4. FEI Number <b>39-1078041</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	30

9. Name and Address of Current Registered Agent <b>PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES ST. STE. 105 TALLAHASSEE FL 32301</b>		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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <b>VERNON, RICHARD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERNON, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>1805 W MAIN ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ASHLAND WI</b>	1.4 CITY-ST-ZIP	
TITLE	STD <b>VERNON, CRAIG</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Treasurer/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERNON, CRAIG</b>	2.2 NAME	<b>Craig Vernon</b>
STREET ADDRESS	<b>1805 WEST MAIN STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ASHLAND WI</b>	2.4 CITY-ST-ZIP	
TITLE	VD <b>VERNON, GEORGE</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERNON, GEORGE</b>	3.2 NAME	<b>George O. Vernon</b>
STREET ADDRESS	<b>1805 W MAIN ST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ASHLAND WI</b>	3.4 CITY-ST-ZIP	
TITLE	VD <b>VERNON, TODD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VERNON, TODD</b>	4.2 NAME	
STREET ADDRESS	<b>1805 W MAIN ST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ASHLAND WI</b>	4.4 CITY-ST-ZIP	
TITLE	AS <b>BELANGER, LOIS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>Secretary</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELANGER, LOIS</b>	5.2 NAME	<b>Lois Belanger</b>
STREET ADDRESS	<b>1805 WEST MAIN STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ASHLAND WI</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Lois A. Belanger* **Lois A. Belanger** 2/20/97 (715)682-6646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)