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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME

STREET ADDRESS

CITY-ST-Z#P



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 24 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # 459086

(5)

NORTHLAND MANUFACTURING, INCORPORATED

Principal Place of Business 3485 \$ MONROE ST P.O. BOX 6247 TALLAHASSEE FL 32301		Mailing Address 3485 S MONROE ST P.O. BOX 6247 TALLAHASSEE FL 32301-7200					
					3. Date incorporated or Qualified 08/05/1974	3a. Date of Last Report	
2. Principal P	lace of Business	2a. Mailing Address			4. F£1 Number	03/27/1996 Applied For	
21		26		59-1579256	Not Applicable		
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	е	City & State		6. Election Campaign Financing	<b>\$5.00</b> May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	F-7	Country Zp Co		•	8. This corporation has liability for intangible tax under s. 199.032,		
24	25   29   30   30   3. Name and Address of Current Registered Agent		30]	Florida Statutes Yes No  10. Name and Address of New Registered Agent			
DID	······································	in negistered Agent	81	Name	IO. Name and Address of New He	gistered Agent	
BIRDWELL, JEARL 2762 BLAIRSTONE COURT							
	LLAHASSEE FL 32301		82 Street Ad		dress (P.O. Box Number is Not Acceptable)		
INTERNINOUE LE OFOUT			83		<del>-</del>	<del></del>	
ļ				·			
{			84	City		FI 85 Zip Code	
agent la	to the provisions of Sections 607.05/ registered agent, or bolh, in the State of familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida Such change was palions of, Section 607.0505, Fl	tes, the above authorized by orida Statutes	named corp the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered ag	cid and tele it applicable (NO)	E Brigistered Agr	of signature require	ed when re-ustating)	DAIL	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	
TITLE	SD	☐ beerie	5.1 TILLE	T		Change Addition	
NAME			1.2 NAMI				
STREET ADDRESS	2762 BLAIRSTONE COURT		1.3 STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 00000		1.4 CiTY - S	1 - ZIP			
TITLE	PD BIDDINELL IEADI	DELFTE	2.1 THEE			Change Addition	
NAME	BIRDWELL, JEARL 2762 BLAIRSTONE COURT		2.2 NAME				
STREET ADDRESS	TALLAHASSEE, FL 00000		2 3 STHEET				
CITY-ST-ZIP TITLE	TALLATAGGE, I'L 0000	DELLTE	2. 4 C/TY - 5 3.1 TITLE	5T - ZIP		Change Addition	
NAME		511111	3.2 NAMŁ			L3 Change L1 Addition	
STREET ADDRESS	1		3.2 WANT	ADDDESS			
CITY-ST-ZIP			3.4. CITY - S				
TITLE		DELETE	4.1 11111			Change Addition	
NAMÉ			4. 2 NAME				
STREET ADORESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CHY-S	1 - ZIP			
TITLE		Driete	5.1 1018	7		Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			53 STREET	AUDRESS			
CITY-ST-ZIP			5.4 D/TY-S	1 - ZIP		ľ	

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 path; that I am an officer or director of the corporation or the receiver or trustee empowered a execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charging, or of his attachment with an address.

6.2 NAME

6.3 STREET ADDRESS

DELETE