05-05-1999 90194 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 459086

1. Corporation Name

NORTHLAND MANUFACTURING, INCORPORATED

Principal Place	of Business	Mailing Address			
3485 S MONROE		POB 6247			
P.O. BOX 6247		P.O. BOX 6247			DO MOT MODE IN THIS COASE
TALLAHASSEE FL 32314		TALL FL 32314			DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualifed
				_	08/05/1974
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-1579256 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Counti		8. This corporation owes the current year Intangible
		<u> </u>	_	,	Personal Property Tax.
24	(25)		<u> </u>		10. Name and Address of New Registered Agent
	9. Name and Address of Current	Registered Agent		1 Name	10. Name and Address of New Registered Agent
DIDD	WELL IEADI		6	Ivame	
	WELL, JEARL		8	2 Street A	Address (P.O. Box Number is Not Acceptable)
	BLAIRSTONE COURT				
TALL	LAHASSEE FL 32301		8	3	
			<u> </u>		
			8	4 City	FL 85 Zip Code
44 Durayant f	a the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the abo	ve-named (corporation submits this statement for the purpose of changing its registered
office or re	existered agent or both in the State of	if Florida. Such change was autl	norized b	v the corpo	pration's board of directors. I hereby accept the appointment as registered
agent. I ar	n familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statute	es.	
SIGNATURE				_	
·	Signature, typed or printed name of registered agent			ent signature re	equired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME)	BIRDWELL, NORMA		1.2 NAME	<u> </u>	
STREET ADDRESS	2762 BLAIRSTONE COURT		1.3 STRE	ET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		1.4 CITY-	-ST-ZIP	
TITLE	PD	DELETE	2.1 TITLE	1	☐ Change ☐ Addition
	BIRDWELL, JEARL		2.2 NAME	_	
NAME			I .		
STREET ADDRESS	2762 BLAIRSTONE COURT			ET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE, FL 00000		2.4 CITY	-	☐ Change ☐ Addition
TITLE		☐ DELETE	3.1 TITLE	ŀ	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STRE	ET ADDRESS	
CITY+ST-ZIP			3.4. CITY	-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
	,	_	4. 2 NAM	[
NAME					
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			4.4 CITY-	·ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	 [
STREET ADDRESS			5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-	-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
		L,1 00001	6.2 NAM	-	
NAME					
STREET ADDRESS				ET ADDRESS	,
CODY OF ZID			6.4 CITY	-ST-ZIP	

14. I 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 of an attachment with an address, with all other like empowered.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR