

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90298 006 ***635.00

DOCUMENT # **F94000003272**

1. Corporation Name
HUMBOLDT INVESTMENTS, INC.

Principal Place of Business
**341 W. TUDOR, STE 202
ANCHORAGE AK 99504**

Mailing Address
**POST OFFICE BOX 35
EUREKA CA 95502
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/21/1994

4. FEI Number

92-0141644

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 323 FIFTH STREET

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 EUREKA, CA

City & State

28

Zip

24 95501

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCTS** ☐ DELETE

NAME **ARKLEY II, ROBIN P**
STREET ADDRESS **341 W. TUDOR, STE 202**
CITY-ST-ZIP **ANCHORAGE AK**

TITLE **D** ☐ DELETE

NAME **ARKLEY II, ROBIN P**
STREET ADDRESS **341 W. TUDOR, STE 202**
CITY-ST-ZIP **ANCHORAGE AK**

TITLE **EVP** ☐ DELETE

NAME **MENDHEIM, JACK L**
STREET ADDRESS **341 W. TUDOR, STE 202**
CITY-ST-ZIP **ANCHORAGE AK**

TITLE **ESVP** ☐ DELETE

NAME **LEND M LEAL**
STREET ADDRESS **605 4TH ST**
CITY-ST-ZIP **EUREKA CA 95501**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **323 FIFTH STREET**
1.4 CITY-ST-ZIP **EUREKA, CA 95501**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **323 FIFTH STREET**
2.4 CITY-ST-ZIP **EUREKA, CA 95501**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **11911 JUSTICE AVE**
3.4 CITY-ST-ZIP **BATON ROUGE, LA 70816**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **323 FIFTH STREET**
4.4 CITY-ST-ZIP **EUREKA, CA 95501**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address with all other like empowered.

SIGNATURE:

Lenda M. Leal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEND M. LEAL, 4/13/99, (800) 603-0836

Date

Daytime Phone #

CR2E034 (11/98)

0560295