


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

FILED

Jan 29 1998 8:00am
Secretary of State

| | | | | | |
|---|--|---|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # H66539 (8) | | | | | |
| 1. Corporation Name NORTHGATE SHOPPING CENTER, INC. | | | | | |
| Principal Place of Business 9687 NAVARRE PKWY., (NAVARRE, FL 32566) P O BOX 865 MARY ESTHER FL 32569 | | | Mailing Address 9687 NAVARRE PKWY., (NAVARRE, FL 32566) P O BOX 865 MARY ESTHER FL 32569 | | |
| 2. Principal Place of Business | | | | | |
| 21 | | 26 | | 2a. Mailing Address | |
| Suite, Apt. #, etc. | | 27 | | Suite, Apt. #, etc. | |
| 22 | | 27 | | City & State | |
| 23 | | 28 | | City & State | |
| 24 | | 25 | | Country | |
| 24 | | 29 | | Country | |
| 9. Name and Address of Current Registered Agent | | | | | |
| RIGGS, BETTY J. 9687 NAVARRE PKWY. NAVARRE FL 32566 | | | | | |
| 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 | | | | | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| 1.1 TITLE | | | | | |
| 1.2 NAME | | | | | |
| 1.3 STREET ADDRESS | | | | | |
| 1.4 CITY-ST-ZIP | | | | | |
| 2.1 TITLE | | | | | |
| 2.2 NAME | | | | | |
| 2.3 STREET ADDRESS | | | | | |
| 2.4 CITY-ST-ZIP | | | | | |
| 3.1 TITLE | | | | | |
| 3.2 NAME | | | | | |
| 3.3 STREET ADDRESS | | | | | |
| 3.4 CITY-ST-ZIP | | | | | |
| 4.1 TITLE | | | | | |
| 4.2 NAME | | | | | |
| 4.3 STREET ADDRESS | | | | | |
| 4.4 CITY-ST-ZIP | | | | | |
| 5.1 TITLE | | | | | |
| 5.2 NAME | | | | | |
| 5.3 STREET ADDRESS | | | | | |
| 5.4 CITY-ST-ZIP | | | | | |
| 6.1 TITLE | | | | | |
| 6.2 NAME | | | | | |
| 6.3 STREET ADDRESS | | | | | |
| 6.4 CITY-ST-ZIP | | | | | |



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1985

4. FEI Number

59-2594883

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 or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIGGS, BETTY J.
9687 NAVARRE PKWY.
NAVARRE FL 32566

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
NAME
STREET ADDRESS
CITY-ST-ZIP

DP
MEDLIN, HAROLD C.
9163 NAVARRE PARKWAY
NAVARRE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RIGGS, CLEDUS W.
9687 NAVARRE PKWY
NAVARRE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DT
MEDLIN, LOUISE C.
9163 NAVARRE PARKWAY
NAVARRE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DS
RIGGS, BETTY JUNE
9687 NAVARRE PKWY
NAVARRE FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

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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.

SIGNATURE: *[Signature]*

1-23-98 904 939-2356

CR2E034 (10/97)