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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J63613 (0)

1. Corporation Name

NORTHERN ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~6620 SOUTHPOINT DR. SOUTH~~
~~ST-100~~
~~JACKSONVILLE FL 32216~~
~~US~~

PO BOX 1008
2738 ST. LOUIS CT
PONTE VEDRA BEACH FL 32004-8008

2. Principal Place of Business

21 2738 ST. LOUIS CT.

Suite, Apt. #, etc.

22

City & State

PONTE VEDRA BCH, FL

Zip

32082

Country

USA

2a. Mailing Address

26 P.O. Box 1008

Suite, Apt. #, etc.

27

City & State

PONTE VEDRA BCH, FL

Zip

32004

Country

USA

9. Name and Address of Current Registered Agent

NORTHERN, SHIRLEY L.
2738 ST. LOUIS CT
PONTE VEDRA BEACH FL 32004-8008

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME NORTHERN, SHIRLEY L.
STREET ADDRESS 2738 ST. LOUIS CT
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE V ☐ DELETE

NAME NORTHERN, JAMES E.
STREET ADDRESS 2738 ST. LOUIS CT.
CITY-ST-ZIP PONTE VEDRA BCH. FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: SHIRLEY L. NORTHERN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-96

904-285-2004

CR2E034 (12/95)