FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB 21 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000003046 (8)

1. Corporation Name
NORTHERN EXPOSURE OF SPRING HILL, INC.

Principal Place of Business	Mailing Address
8637 LAFITTE HUDSON FL 34667	8637 LAFITTE HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 180 COMMERCIAL WAY
22 Suite, Apt. #, etc.
23 SPRING HILL, FL
24 Zip 34606
25 Country HERNANDO

2a. Mailing Address
26 120 COMMERCIAL WAY
27 Suite, Apt. #, etc.
28 SPRING HILL, FL
29 Zip 34606
30 Country HERNANDO

4. FEI Number: 59-3159648 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

CAMPBELL, KATHLEEN
8637 LAFITTE
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 7715 ROTTINGHAM
83
84 City PORT RICHEY FL 85 Zip Code 34668

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 _____ DATE
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required where necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPST	11 TITLE	☑ Change ☐ Addition
NAME	CAMPBELL, KATHLEEN	12 NAME	
STREET ADDRESS	8637 LAFITTE	13 STREET ADDRESS	7715 ROTTINGHAM
CITY ST ZIP	HUDSON FL 34667	14 CITY ST ZIP	PORT RICHEY, FL 34668
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	800001413088
CITY ST ZIP		24 CITY ST ZIP	-02/23/95--01016--017 ****200.00 ****200.00
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

2/21/95 mst

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)(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: Kathy A Campbell 1-23-95 904-688-8699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FP