

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

FILED

Feb 28 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000003046 (8)

1. Corporation Name:

NORTHERN EXPOSURE OF SPRING HILL, INC.

Principal Place of Business

120 COMMERCIAL WAY
SPRING HILL FL 34888

Mailing Address

120 COMMERCIAL WAY
SPRING HILL FL 34806-5368

3. Date Incorporated or Qualified

01/13/1993

3a. Date of Last Report

04/16/1996

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 Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CAMPBELL, KATHLEEN
7715 ROTTINGHAM
PORT RICHEY FL 34888

10. Name and Address of New Registered Agent

81 Name

KATHLEEN YANKEE

82 Street Address (P.O. Box Number is Not Acceptable)

6280 CLAY COURT

83

84 City

SPRING HILL

FL

85 Zip Code

34606

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

Kathleen A Yankee

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

(NOTE: Registered Agent signature required when reinstating)

Feb 24, 1997

DATE

12. OFFICERS AND DIRECTORS

TITLE DPST
NAME CAMPBELL, KATHLEEN
STREET ADDRESS 7715 ROTTINGHAM
CITY- ST- ZIP PORT RICHEY FL 34888☐ DELETETITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DELETETITLE
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NAME
STREET ADDRESS
CITY- ST- ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY- ST- ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME KATHLEEN YANKEE
1.3 STREET ADDRESS 6280 CLAY COURT
1.4 CITY- ST- ZIP SPRING HILL FL 34606☐ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP☐ Change ☐ Addition3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP☐ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP☐ Change ☐ Addition

14. I do 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:

Kathleen A Yankee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHLEEN
YANKEE

2-11-97

352-688-8899

Date

Daytime Phone #

CR2E034 (9/96)