Aug 17, 2000 8:00 am Secretary of State 08-17-2000 90572 033 \*\*\*550.00 DO NOT WRITE IN THIS SPACE Applied For 65-0524880 Not Applicable \$8.75 Additional П Fee Required 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**\$5.00** May Be

Addition

☐ Addition

☐ Addition

■ Addition

☐ Addition

Added to Fees

☐ Change

Change

Change

Change

Change

10. Election Campaign Financing

ED-Executive Director Change

3351 Twin Lakes Terrace, #101

Fay Lukoskie

Ft. Pierce ,FL 3495

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Trust Fund Contribution.

2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9300004038 1. Entity Name NORTHROP AND JOHNSON HOLDING COMPANY, INC. Principal Place of Business Mailing Address 1901 SE 4TH AVE 1901 SE 4TH AVE FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Country Zip Country . Zip 5. Certificate of Status Desired

Name

City

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00

Make Check Payable to Department of State

Delete

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ATURE AND YPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.

TITLE

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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 report or supplemental report is frue 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

(NOTE: Registered Agent signature required when reinstating)

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

MERRIGAN, KEVIN

1901 SE 4TH AVE FT LAUDERDALE FL 33316

9. This corporation is eligible to satisfy its Intangible

MERRIGAN, KEVIN E

1901 SE 4TH AVE

FT LAUDERDALE FL

LESLIE, ROBERT D

FT LAUDERDALE FL

LEO, JOHN P JR

VLIET, KEES V

1901 SE 4TH AVE

1901 SE 4TH AVE

FT LAUDERDALE FL

HALSTEAD, HENRY F

1901 SE 4TH AVE

FT LAUDERDALE FL

FT LAUDERDALE FL

1901 SE 4TH

Tax filing requirement and elects to do so.

(See criteria on back)

TS

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

CITY-ST-ZIP

CITY-ST-7IP

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CITY-ST-ZIP