## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT

NAME

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

FILED DIVISION OF CORPORATIONS 1997 97 OCT 30 AM 10: 33 P94000003349 (5) **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA NORTHSTAR LAND, INC. Principal Place of Business Mailing Address 1735 CEDAR BAY ROAD 1735 CEDAR BAY ROAD JACKSONVILLE FL 32218 JACKSONVILLE FL 32218 3a. Date of Last Report 3. Date Incorporated or Qualified 01/07/1994 05/09/1996 2a. Mailing Address 4, FEI Number Applied For 2, Principal Place of Business 59-3221696 Not Applicable \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Country Zip Country This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 29 30 g. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 smith, richard s Name 1735 CEDAR BAY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32218 83 City 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 obtained of Section 607.0505, Florida Statutes. RICHARDS.SMITH SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE Change Addition TITLE 1.1 THLE **800002336666---**3 SMITH, RICHARD S NAME 1.2 NAMI 1735 CEDAY BAY ROAD STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32218 \*\*\*\*750.00 \*\*\*\*750.00 CITY-ST-ZIF 1.4 CITY - ST - ZIF DELETE Change Addition 2.1 HHE TITLE MCCALEB, SCOTT L **2.2 NAME** 7986 QUAILWOOD DRIVE STREE ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 2.4 CITY - ST - ZIE DELETE Change Addition 3.1 1(1) 8 MOORE, JAMES H NAME 3.2 NAME 7969 QUAILWOOD DRIVE STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 3.4. CITY-\$1-ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - \$1 - 2IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition DELFTE TITLE 6.1 TITLE

CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 frue and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted 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 attamment with an address.

**6.3 STREET ADDRESS** 

6.2 NAME