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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000046999 (5)

NORTHERN & SOUTHERN DEVELOPERS, INC.

Principal Place of Business

Mailing Address

FILED Jun 04 1998 8:00am Secretary of State



3844 PRAIRIE DUNES DRIVE SARASOTA FL 34238 US		3844 PRAIRIE DUNES D SARASOTA FL 34238 US				DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified 06/16/1995		
2. Principal Pi	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Applied For
ก		26	26			65-0594050		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc	<b>+</b>				\$8.75	Additional
City & State		Crt. & State	City & State			5. Certificate of Status Desired Fee Required		
3	····	28	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the cur	rrent year 1	ntangible
<b>.</b>	25 29 30			<u> </u>		Personal Property Tax due June 30.  Yes No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
HU	EBNR, THOMAS F			81 N	ame			
384	4 PRAIRIE DUNES DRIVE		· i	<b>82</b> St	treet Addr	ress (P.O. Box Number is Not Acceptable)		
SAI	RASOTA FL 34238			83				
			)	24			——————————————————————————————————————	
				84 C	ity	FL	85 Zip	o 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. Thereby 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 tille if applicable (NDTE. Registered Agent is gnature required when reinstating).  DATE								
12.	OFFICERS.	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	DRS IN 12
TITLE	D	☐ DELETE	1.1 [1]	TLE			Change	Addition
NAME :	HUEBNER, THOMAS F		1.2 NA	ME	ĺ			1
TREET ADDRESS 3844 PRAIRIE DUNES DRIVE		VF	1.3 STREE		RESS			
CITY-ST-ZIP	SARASOTA FL 34238			1.4 CITY-ST-ZIP				1
TILE	D DELETE			2.1 TITLE		<del></del>	Change	Addition
NAME	HUEBNER, KIMBERLY			2.2 NAME			v.u.g.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	3844 PRAIRIE DUNES DR							1
STREET ADDRESS					RESS	•		ļ
CITY-ST-ZIP	SARASOTA FL			2. 4 CITY - ST - ZIP 3.1 TITLE			Charac	1 Addition
MTLE	[] DELETE						☐ Change	Addition
NAME			3.2 NA		1			{
STREET ADDRESS			3.3 ST	REET ADD	RESS			1
CITY-ST-ZIP				TY - ST - 21	P .			
mue		☐ DELETE	4.1 70	rre.	-		Change	Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET ADD	RESS			İ
CITY-ST-ZIP			4.4 (1)	TY-ST-ZIF	P			i
TITLE	DELETE			5.1 TITLE			Change	Addition
NAME			5.2 NA	<b>ME</b>	1			
STREET ADDRESS			5.3 ST	REET ADD	RESS			
CITY-ST-ZIP				TY - ST - ZIF				ĺ
IIILE		DELETE	6.1 TI			<del></del>	Change	Addition
NAME !			6.2 NA		ł			}
STREET ADDRESS				reet add:	DECC			
]					· · · J			ļ
City-St-ZiP	ertify that the information supplies	d with this filing does not qualify		TY-ST-ZII		Section 119.07(3)(i), Florida Statutes, 1 further or	ertify that th	ne information

4. 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 informatio 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:

Kimberly Huebner

61-98

941-924-6306