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 # P95000081570 (0)

NORTHVIEW PROPERTIES OF N.W. FLORIDA INC.

FILED Jan 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 82 EAST NINE MILE ROAD 82 EAST NINE MILE ROAD PENSACOLA FL 32534 PENSACOLA FL 32534 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3358983 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCCLUSKEY, DAVID 82 EAST NINE MILE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32534 83 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida 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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change Addition TITLE 1.1 TITLE MCCLUSKEY, DAVID NAME 1.2 NAME 82 EAST NINE MILE ROAD STREET ADDRESS 1.3 STREET ADDRESS PENSACOLA FL 32534 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE PAEDAE, DON C NAME 2.2 NAME 82 EAST NINE MILE ROAD STREET ADDRESS 2.3 STREET ADDRESS PENSACOLA FL 32534 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change GATES, LARRY A NAME 3.2 NAME 82 EAST NINE MILE ROAD STREET ADDRESS 3.3 STREET ADDRESS PENSACOLA FL 32534 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Addition TITLE 4.1 TITLE Спалое 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CiTY-ST-ZiP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. 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 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:

SUATO CUUIRED

01-14-98

850-411-9305