

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

**FILED**  
**Apr 16 1997 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|



**DOCUMENT # P96000072390 (3)**  
 1. Corporation Name  
**NORTH STAR HOLDING CORP.**

|  |   |
|--|---|
| Principal Place of Business<br><b>C/O JAMES W. GOODWIN<br/>                 111 MADISON STREET, SUITE 2300<br/>                 TAMPA FL 33602</b> | Mailing Address<br><b>C/O JAMES W. GOODWIN<br/>                 111 MADISON STREET, SUITE 2300<br/>                 TAMPA FL 33602-4706</b> |
|--|---|

|                                |                              |   |   |
|--------------------------------|------------------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address          | 3. Date Incorporated or Qualified   | 3a. Date of Last Report   |
| 21                             | 26 <b>2345 FRIENDLY ROAD</b> | <b>08/30/1996</b>   |   |
| 22 Suite, Apt. #, etc.         | 27 Suite, Apt. #, etc.       | 4. FEI Number   | Applied For   |
| 23 City & State                | 28 <b>AMELIA ISLAND FL</b>   | <b>59-3399931</b>   | Not Applicable  |
| 24 Zip                         | 29 <b>32034</b>              | 5. Certificate of Status Desired  | <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>      |
|                                | 30 <b>NASSAU</b>             | 6. Election Campaign Financing Trust Fund Contribution                                  | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>         |
|                                |                              | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|  |  |
|--|--|
| 9. Name and Address of Current Registered Agent  | 10. Name and Address of New Registered Agent                                       |
| <b>GOODWIN, JAMES W<br/>                 111 E. MADISON STREET<br/>                 SUITE 2300<br/>                 TAMPA FL 33602</b> | 81 Name <b>William W. Perry III</b>  |
|  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>2345 FRIENDLY ROAD</b> |
|  | 83   |
|  | 84 City <b>AMELIA ISLAND</b> FL 85 Zip Code <b>32034</b>                           |

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, 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]* **W W Perry III** DATE: **1-11-97**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>CEO &amp; DIRECTOR</b> <input type="checkbox"/> DELETE    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>William W Perry III</b>                                   | 1.2 NAME  |   |
| STREET ADDRESS             | <b>12563 Mission Hills Circle N.</b>                         | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>JACKSONVILLE, FL 32225</b>                                | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>JOHN A. STUBBS</b> <input type="checkbox"/> DELETE        | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>DIRECTOR</b>  | 2.2 NAME  |   |
| STREET ADDRESS             | <b>COTTAGE 405</b>   | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>SEA ISLAND, GEORGIA 31561</b>                             | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>C.O.O. &amp; DIRECTOR</b> <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>D. ELTON STUBBS JR.</b>                                   | 3.2 NAME  |   |
| STREET ADDRESS             | <b>5209 Leeward Cove</b>                                     | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FERNNANDINA BEACH, FL 32034</b>                           | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>Secy/Treas.</b> <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>Peggy W. StUBBS</b>                                       | 4.2 NAME  |   |
| STREET ADDRESS             | <b>5209 Leeward Cove</b>                                     | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FERNNANDINA BEACH, FL 32034</b>                           | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                              | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                              | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| 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 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: *[Signature]* **CEO William W Perry III** DATE: **4-11-97** DAYTIME PHONE #: **904-261-8607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)