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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072390 (3)

1. Corporation Name

NORTH STAR HOLDING CORP.

Principal Place of Business

C/O JAMES W. GOODWIN
111 MADISON STREET, SUITE 2300
TAMPA FL 33602

Mailing Address

C/O JAMES W. GOODWIN
111 MADISON STREET, SUITE 2300
TAMPA FL 33602-4706



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 2345 FRIENDLY ROAD

27 Suite, Apt. #, etc.

28 AMELIA ISLAND FL

29 32034

Country

30 NASSAU

3. Date Incorporated or Qualified

08/30/1996

3a. Date of Last Report

4. FEI Number

59-3399931

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOODWIN, JAMES W
111 E. MADISON STREET
SUITE 2300
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name William W. Perry III
82 Street Address (P.O. Box Number is Not Acceptable)
2345 FRIENDLY ROAD
83
84 City AMELIA ISLAND FL 85 Zip Code 32034

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

William W. Perry III
Signature, typed or printed name of registered agent and title if applicable.

William W. Perry III
(NOTE: Registered Agent signature required when reinstating)

1-11-97
DATE

12. OFFICERS AND DIRECTORS

TITLE C.E.O. & DIRECTOR ☐ DELETE
NAME William W. Perry III
STREET ADDRESS 12563 Mission Hills Circle N.
CITY-ST-ZIP Jacksonville, FL 32225

TITLE JOHN A. STUBBS ☐ DELETE
NAME DIRECTOR
STREET ADDRESS COTTAGE 405
CITY-ST-ZIP SEA ISLAND, GEORGIA 31561

TITLE C.E.O. & DIRECTOR ☐ DELETE
NAME D. ELTON STUBBS JR.
STREET ADDRESS 5209 LEeward Cove
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE See 4/ Treas. ☐ DELETE
NAME Peggy W. StUBBS
STREET ADDRESS 5209 LEeward Cove
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

William W. Perry III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-97
Date

904-261-8607
Daytime Phone #

CR2E034 (9/96)