## 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 # P97000040500 (5)

NORTHSTAR LAND SURVEYING, INC.

## FILED Apr 20 1998 8:00am Secretary of State



11 12 011

Dringing Diggs	a of Business	Mailing Address			
Principal Place of Business Malling Address					
4220 MORELIA PLACE PENSACOLA FL 32504		4220 MORELIA PLACE PENSACOLA FL 32504			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 05/05/1997
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-3448256 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
Ch. 8 State		27			Fee Required
		City & State			6. Election Campaign Financing \$5.00 May Be
23]		28			Trust Fund Contribution Added to Fees
ZIP	Country	Zip	Coun	itry	8. This corporation owes or has paid the current year Inlangible
24	25	[29]	30		Personal Property Tax due June 30. Yes 12 No 10. Name and Address of New Registered Agent
	9. Name and Address of Current	Hegistered Agent		B1 Name	10. Name and Address of New Registered Agent
	HNSON, JACK W		[	IVanie	
4220 MORELIA PLACE				Street Ac	ddress (P.O. Box Number is Not Acceptable)
PENSACOLA FL 32504				99	
				~	
			Ī	B4 City	FL 85 Zip Code
44 0		2 and COZ 1500 Florida Ctat.	doo the ob	ava namad a	
office or r	egistered agent, or both, in the State	of Florida, Such change was	authorized	by the corpo	orporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, Fl	lorida Statu	ites \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
SIGNATURE -	Signature, typed or formation name of registered agen	Type, de. 7	Ti Produced	N Olympia	V2
12.	OFFICERS AND		13.	alginator o	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	OP .	DELETE	1.1 7171		/ Change 🔀 Addition
NAME	J <b>O</b> HNSON, JACK W		1,2 NAM	AE A	Polhill Prestow E. 4220 Morelia Pl.
STREET ADORESS	5106 WILDEWOOD AVE.		1.3 STP	EET ADDRESS	4220 MoreliA Pl.
CITY-ST-ZIP	PENSACOLA FL 32505		1,4 CIT	Y-ST-ZIP	PENSACOLA F1. 32504
TITLE	OS	DELETE	2.1 T(T(		Change Addition
NAME	JOHNSON, CHRISTINA M		2.2 NAM	AE .	
STREET ADDRESS	5106 WILDEWOOD AVE.		2.3 STF	EET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505		2.4 017	Y-ST-ZIP	
TITLE		DELE <b>te</b>	3.1 TiTi	.E	Change Addition
NAME			3.2 NA	AE .	
STREET ADDRESS			3.3 STF	EET ADDRESS	
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP	
TITLE		☐ DELETE	4.1 TITI	E	Change Addition
NAME			4. 2 NA	ME	
STREET ADDRESS			4.3 STF	EET ADDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST-ZIP	
TITLE		DELETE	5.1 TITE	.E	Change Addition
NAME			5.2 NA	AE	
STREET ADDRESS			5.3 STF	EET ADDRESS	
CITY+ST-ZIP			5.4 CIT	Y-ST-ZIP	
TITLE		DELET <b>e</b>	6 1 TITI	.E	Change Addition
NAME			6.2 NA	ME	
STREET ADDRESS			6.3 STP	EET ADDRESS	
CITY-ST-ZIP			6.4 CIT	Y-ST-ZIP	
indicatód	on this applied report or cupplements	l annual ronart is true and an	rcurate and	that my sign.	I in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under oath; that I am an
indicated officer or	on this applied report or cupplements	I annual report is true and ac eiver or trustee empowered to	rcurate and	that my sign.	ature shall have the same legal effect as if made under oath; that I am an equired by Chapter 607, Florida Statutes; and that my name appears in