

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90152 046 \*\*\*150.00

DOCUMENT # P97000040500

1. Corporation Name

NORTHSTAR LAND SURVEYING, INC.

Principal Place of Business

4220 MORELIA PLACE  
PENSACOLA FL 32504

Mailing Address

4220 MORELIA PLACE  
PENSACOLA FL 32504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

59-3448256

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, JACK W  
4220 MORELIA PLACE  
PENSACOLA FL 32504

81 Name Polhill, Preston E.

82 Street Address (P.O. Box Number is Not Acceptable)  
4220 Morelia Pl.

83

84 City Pensacola

FL

85 Zip Code 32504

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

*[Signature]*  
Signature, typed or printed name of registered agent; and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME JOHNSON, JACK W  
STREET ADDRESS 5106 WILDEWOOD AVE.  
CITY-ST-ZIP PENSACOLA FL 32505 ☐ DELETE

1.1 TITLE  
1.2 NAME Johnson, Jack W.  
1.3 STREET ADDRESS 5106 Wildeewood Ave.  
1.4 CITY-ST-ZIP Pensacola, FL 32505 ☒ Change ☐ Addition

TITLE DS  
NAME JOHNSON, CHRISTINA M  
STREET ADDRESS 5106 WILDEWOOD AVE.  
CITY-ST-ZIP PENSACOLA FL 32505 ☒ DELETE

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

TITLE V  
NAME POLHILL, PRESTON E  
STREET ADDRESS 4220 MORELIA PL  
CITY-ST-ZIP PENSACOLA FL 32504 ☐ DELETE

3.1 TITLE DP  
3.2 NAME Polhill, Preston E.  
3.3 STREET ADDRESS 4220 Morelia Pl.  
3.4 CITY-ST-ZIP Pensacola, FL 32504 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

*[Signature]* PRESTON E. POLHILL 4-24-99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Lifetime Phone #

CR2E034 (11/98)