

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

**FILED**  
**Feb 06, 1999 8:00 am**  
**Secretary of State**

02-06-1999 90004 039 \*\*\*150.00

|                                                                  |                                                                                   |                                                                                                                               |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|

**DOCUMENT # P98000024064**

1. Corporation Name

**NORTHERN AND NORTHERN, INC.**

|                                                                               |                                                                   |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br>3631A HAVENDALE BLVD.<br>WINTER HAVEN FL 33880 | Mailing Address<br>3631A HAVENDALE BLVD.<br>WINTER HAVEN FL 33880 |
|-------------------------------------------------------------------------------|-------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

|                                                                                               |  |                                                                                    |  |                                                                                                                                        |  |                                      |  |                                   |  |
|-----------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------|--|-----------------------------------|--|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country |  | 3. Date incorporated or Qualified<br>03/12/1998                                                                                        |  | 4. FEI Number<br>59-3510750          |  | Applied For<br>Not Applicable     |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                     |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | 7. This corporation owes the current year intangible<br>Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No |  | 8. \$8.75 Additional<br>Fee Required |  | 9. \$5.00 May Be<br>Added to Fees |  |

|                                                                                                                      |  |                                                                                                                                                  |  |
|----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 9. Name and Address of Current Registered Agent<br>NORTHERN, PAULA<br>3631A HAVENDALE BLVD.<br>WINTER HAVEN FL 33880 |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City FL 85 Zip Code |  |
|----------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------|--|

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

| 12. OFFICERS AND DIRECTORS |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|-----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | NORTHERN, PAULA                   | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3631A HAVENDALE BLVD.             | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WINTER HAVEN FL 33880             | 1.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE                                             |                                                                   |
| NAME                       | NORTHERN, RAYMOND L               | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3631A HAVENDALE BLVD.             | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | WINTER HAVEN FL 33880             | 2.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE   | 3.1 TITLE                                             |                                                                   |
| NAME                       |                                   | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                   | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                   | 3.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE                                             |                                                                   |
| NAME                       |                                   | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE                                             |                                                                   |
| NAME                       |                                   | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE                                             |                                                                   |
| NAME                       |                                   | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       | <input type="checkbox"/> Change <input type="checkbox"/> 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 807, 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: Paula Northern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

941-965-1480

CR2E034 (1/1/98)