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

Block 12 or Block 13 if changed, or

FILED FLORIDA DEPARTMENT OF STATE Jan 28 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # THE NORTHDALE GROUP, INC. Mailing Address Principal Place of Business 14499 N DALE MABRY HWY 14499 N DALE MABRY HWY SUITE 185 S SUITE 185 S DO NOT WRITE IN THIS SPACE TAMPA FL 33618 **TAMPA FL 33618** 3. Date Incorporated or Qualified HS <u>05/14/1992</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 26 59-3122381 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Country Zio 8. This corporation owes or has paid the current year Intangible □ No 24 25 29 30 Personal Property Tax due June 30. ☐ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GILMAN, RICHARD A 14499 N DALE MABRY HWY Street Address (P.Q. Box Number is Not Acceptable) 82 SUITE 185 S 83 TAMPA FL 33618 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. na its registered SIGNATURE Signature, typed or printed name of registered agent and title if applicable en reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition 1.1 TITLE TITLE 1.2 NAME NAME GILMAN, RICHARD A. 1.3 STREET ADDRESS 4510 NETHERWOOD DRIVE STREET ADDRESS TAMPA FL 1.4 CITY - ST - ZIP CITY - ST- ZIP Addition Change DELETE 2.1 TITLE TITLE n 2,2 NAME HILL, BENJAMIN F. NAME 1870 FRUIT COVE WOOD DRIVE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2, 4 CITY - ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE 3.2 NAME MINTHORN, ALAN R. NAME 3303 NORTH LAKEVIEW DRIVE 3.3 STREET ADDRESS STREET ADDRESS TAMPA FL 3.4. CITY - ST- ZIP CITY - ST - ZIP Change ___ Addition DELETE 4.1 TITLE TITLE WOODRUM, RICHARD E. 4. 2 NAME NAME 10807 FALLKIRK ROAD 4.3 STREET ADDRESS STREET ADORESS LOUISVILLE KY 4.4 CITY-ST-ZIP CETY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITL F 6.2 NAME NAME **6.3 STREET ADORESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 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 supplied and 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 repriver or trustee empowered to execute this peport as required by Chapter 607, Florida Statutes; and that my name appears in

1/19/98

813-961-4080