

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**AND
FILED**

95 APR 16 AM 11:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 824745

(4)

1. Corporation Name

202 EDDY BUILDING INC.

Principal Place of Business

**201 PHOENIX BLDG
P O BOX 2039
BAY CITY MI 48707**

Mailing Address

**201 PHOENIX BLDG
P O BOX 2039
BAY CITY MI 48707**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/28/1970

3a. Date of Last Report

04/05/1994

4. FEI Number

38-1943953

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**

**7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes**

☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

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 the 4 signatories)

(821E. Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE PD
NAME PIERCE, ROGER N.
STREET ADDRESS 4800 FASHION SQUARE BLVD
CITY- ST- ZIP SAGINAW MI**

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

**TITLE TS
NAME PIERCE, BETTY J
STREET ADDRESS 4800 FASHION SQUARE BLV
CITY- ST- ZIP SAGINAW MI**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

**TITLE V
NAME STAWARA, FRANK J
STREET ADDRESS 1500 S INDIAN RIVER
CITY- ST- ZIP VERO BEACH FL**

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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:

(Signature of Frank J. Stawara)
FRANK J. STAWARA
DIRECTOR

4-11-95 **607-2313467**
DATE **DAYTIME PHONE**