

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 824745 (4)
1. Corporation Name
202 EDDY BUILDING INC.



Principal Place of Business Mailing Address
**201 PHOENIX BLDG
P O BOX 2039
BAY CITY MI 48707**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified **06/29/1970** 3a. Date of Last Report **04/14/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**
10. Name and Address of New Registered Agent
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	
NAME	PIERCE, ROGER N.	12 NAME	
STREET ADDRESS	4800 FASHION SQUARE BLVD	13 STREET ADDRESS	
CITY - ST - ZIP	SAGINAW MI	14 CITY - ST - ZIP	
TITLE	TS	21 TITLE	
NAME	PIERCE, BETTY J	22 NAME	
STREET ADDRESS	4800 FASHION SQUARE BLV	23 STREET ADDRESS	
CITY - ST - ZIP	SAGINAW MI	24 CITY - ST - ZIP	
TITLE	V	31 TITLE	
NAME	STAWARA, FRANK J	32 NAME	
STREET ADDRESS	1500 S INDIAN RIVER	33 STREET ADDRESS	
CITY - ST - ZIP	VERO BEACH FL	34 CITY - ST - ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Roger N. Pierce **ROGER N. PIERCE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(517) 799-9664

Date

Daytime Phone #

CR2E034 (3/96)