


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90033 018 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 830666

1. Corporation Name
DOUGLAS N. HIGGINS INC.



| | |
|--|--|
| Principal Place of Business 3390 TRAVIS POINTE RD. SUITE A ANN ARBOR MI 48108 US | Mailing Address 3390 TRAVIS POINTE RD. SUITE A ANN ARBOR MI 48108 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | |
|--|---|---|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | 3. Date Incorporated or Qualified 08/01/1973 | 4. FEI Number 38-1807765 | Applied For <input type="checkbox"/> Not Applicable |
| | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | 8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

KELLY, ROBERT J
415 WINNEDGE RIDE
TALLAHASSEE FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---------------------------------|
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | SWEET, JAMES H. | |
| STREET ADDRESS | 9462 HIDDEN LAKE CIRCLE | |
| CITY-ST-ZIP | DEXTER MI | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | HAWKER, SUZANNE | |
| STREET ADDRESS | 9462 HIDDEN LAKE CIRCLE | |
| CITY-ST-ZIP | DEXTER MI | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | HIGGINS, DOUGLAS N | |
| STREET ADDRESS | 3390 TRAVIS POINTE RD., SUITE A | |
| CITY-ST-ZIP | ANN ARBOR, MICH 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Kelly Wilkie |
| 4.3 STREET ADDRESS | 3390 Travis Pointe Rd. Suite A |
| 4.4 CITY-ST-ZIP | Ann Arbor, Mi. 48108 |
| 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Daniel Higgins |
| 5.3 STREET ADDRESS | 2887 Tamiami Trail East |
| 5.4 CITY-ST-ZIP | Naples, FL 34112 |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | William Higgins |
| 6.3 STREET ADDRESS | 3390 Travis Pointe Rd. Suite A |
| 6.4 CITY-ST-ZIP | Ann Arbor, MI 48108 |

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: _____ DATE: **1/11/99** 734-996-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/1/98)