

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 APR 28 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 847319 (1)

1. Corporation Name
WAKELY ASSOCIATES - MT. PLEASANT, INC.

Principal Place of Business Mailing Address
**131 S MAIN ST 131 S MAIN ST
MT. PLEASANT MI 48050 MT. PLEASANT MI 48050
US US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/27/1980** 3a. Date of Last Report **04/18/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		38-1962543		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		23		28	
Zip		Country		29		30	
24		25		29		30	

8. This corporation has liability for initial public tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WAKELY, DONALD J.
ONE MEMORIAL CENTER
4921 MEMORIAL HWY., SUITE 350
TAMPA FL 33634**

81 Name	WAKELY, DONALD J.		
82 Street Address (P.O. Box Number is Not Acceptable)	334 EAST LAKE ROAD, #301		
83			
84 City	PALM HARBOR	85 State	FL
		86 Zip Code	34685

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 file # 2024-0204

(NOTE: Registered Agent signature required when necessary)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENSEN, JOHN P	1.2 NAME	
STREET ADDRESS	131 S MAIN ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MT PLEASANT, MI 00000	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAKELY, DONALD J.	2.2 NAME	
STREET ADDRESS	1422 WOODSTREAM DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	OLDSMAR FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOUDREAU, ALBERT A.	3.2 NAME	
STREET ADDRESS	131 S MAIN ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MT. PLEASANT MI	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HELEN K.	4.2 NAME	
STREET ADDRESS	131 S MAIN ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	MT. PLEASANT MI	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(b), Florida Statutes. I further certify that the information indicated on the 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: *Helen K. Miller* **Helen K. Miller, Secretary 4/24/95 (517) 773-9945**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Original Filing #