

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 858099

(5)

1. Corporation Name

LIPPERT COMPONENTS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:55

Principal Place of Business

608 WRIGHT AVENUE
P O BOX 9
ALMA MI 48801

Mailing Address

608 WRIGHT AVENUE
P O BOX 9
ALMA MI 48801

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/12/1983

3a. Date of Last Report
01/25/1994

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

4. FEI Number

25-1217067

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

MILLER, ROBERT
5111 SOUTH PINE AVE
OCALA FL 32671

10. Name and Address of New Registered Agent

81. Name
Miller, Robert
82. Street Address (P.O. Box Number is Not Acceptable)
1818 S.W. 9th Avenue
83.
84. City
Ocala
85. FL 32674

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 607.0502, Florida Statutes.

SIGNATURE

Robert J. Miller

Robert Miller

409/95

12. OFFICERS AND DIRECTORS

1. NAME	V
2. NAME	MCPHAIL, GARY G
3. STREET ADDRESS	5171 N LUCE RD
4. CITY, ST, ZIP	ALMA, MI 00000
5. NAME	V
6. NAME	BOND, LAWRENCE A.
7. STREET ADDRESS	4920 NORTH BLISS ROAD
8. CITY, ST, ZIP	ELWELL MI
9. NAME	SD
10. NAME	LIPPERT, STEVEN L.
11. STREET ADDRESS	1410 RAVENWOOD RD.
12. CITY, ST, ZIP	GRANBURY TE
13. NAME	D
14. NAME	LIPPERT, LAWRENCE C.
15. STREET ADDRESS	511 FAIRLANE DRIVE
16. CITY, ST, ZIP	ALMA MI
17. NAME	PD
18. NAME	LIPPERT, L. DOUGLAS
19. STREET ADDRESS	115 GOLDSIDE DRIVE
20. CITY, ST, ZIP	ALMA MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. NAME	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. NAME	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. NAME	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. NAME	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and that I am not qualified for the appointment as registered agent in the State of Florida. I further certify that the information supplied on this annual report or supplemented 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 liquidator covered by this report as required by Chapter 199, Florida Statutes, and that my name appears on the list of officers or directors of the corporation with an address.

SIGNATURE:

Gary McPhail Gary McPhail
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/95

517/463-8341