

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 PM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02327** (5)

1. Corporation Name  
**KENTLAND CORPORATION**

Principal Place of Business Mailing Address  
4246 KALAMAZOO AVENUE, SE 4246 KALAMAZOO AVENUE, SE  
GRAND RAPIDS MI 49508 GRAND RAPIDS MI 49508

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/08/1984 3a. Date of Last Report 03/10/1994

4. FEI Number 38-2456529 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMM, CHARLIE  
5619 BAYSHORE RD.  
PALMETTO FL 33561

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City FL 05 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 re-registering)

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	LETTINGA, WILBUR A.	1.2 NAME	
STREET ADDRESS	4246 KALAMAZOO AVE., SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, BARBARA	2.2 NAME	
STREET ADDRESS	4246 KALAMAZOO AVE., SE	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTINGA, MICHAEL	3.2 NAME	
STREET ADDRESS	4246 KALAMAZOO AVE., SE	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LETTINGA, WILLIAM B.	4.2 NAME	
STREET ADDRESS	4246 KALAMAZOO AVE., SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS 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 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:

*Barbara Collins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-95 1-616-455-2800  
Date Lifetime Term