

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 527276 (0)

1. Corporation Name

DETMAR SOUTH INCORPORATED



Principal Place of Business

905 8TH AVE
PALMETTO FL 34221
US

Mailing Address

2001 W ALEXANDRINE
DETROIT MI 48208

2. Principal Place of Business

21

Subs. Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Subs. Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WRIGLEY, R.A.
905 8TH AVE
PALMETTO FL 34221

3. Date Incorporated or Qualified

03/08/1977

3a. Date of Last Report

04/26/1995

4. FEI Number

59-1726644

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes. ☒ Yes ☐ No

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 607.0602 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, the undersigned, am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

DATE

12. OFFICERS AND DIRECTORS

12.

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

P

WRIGLEY, R. A.
2001 ALEXANDRINE
DETROIT MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

ST

WRIGLEY, BARBARA
2001 ALEXANDRINE
DETROIT MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

V

PHILLIPS, ROBERT
2001 ALEXANDRINE
DETROIT MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

V

HARMON, JOHN L.
2001 ALEXANDRINE
DETROIT MI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

13.

1. TITLE
2. NAME

3. STREET ADDRESS
4. CITY, ST, ZIP

5. TITLE
6. NAME

7. STREET ADDRESS
8. CITY, ST, ZIP

9. TITLE
10. NAME

11. STREET ADDRESS
12. CITY, ST, ZIP

13. TITLE
14. NAME

15. STREET ADDRESS
16. CITY, ST, ZIP

17. TITLE
18. NAME

19. STREET ADDRESS
20. CITY, ST, ZIP

21. TITLE
22. NAME

23. STREET ADDRESS
24. CITY, ST, ZIP

25. TITLE
26. NAME

27. STREET ADDRESS
28. CITY, ST, ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing was 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

313-831-1155

CR2E034 (12/95)