

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000004542

**Entity Name:** WOLVERINE FIRE PROTECTION CO.

**Current Principal Place of Business:**

8067 N. DORT HWY  
MT MORRIS, MI 48458

**Current Mailing Address:**

P.O. BOX 219  
MT MORRIS, MI 48458

**FEI Number: 38-1797318**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name CORCORAN, MARTIN L  
Address 8067 N. DORT HWY  
City-State-Zip: MT MORRIS MI 48458

Title TREA  
Name SHANKS, AMY L  
Address 8067 N. DORT HWY  
City-State-Zip: MT MORRIS MI 48458

Title SECRETARY  
Name AMENTA, MEGHAN  
Address P.O. BOX 219  
City-State-Zip: MT MORRIS MI 48458

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: AMY L SHANKS**

**TREASURER**

**05/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date