

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

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**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 30 AM 7:41

DOCUMENT # 115383

(2)

1. Corporation Name

ASGROW FLORIDA COMPANY

Principal Place of Business

Mailing Address

**%THE UPJOHN COMPANY
UNIT 8111-242-52, 7000 PORTAGE RD.
KALAMAZOO MI 49001**

**%THE UPJOHN COMPANY
UNIT 8111-242-52, 7000 PORTAGE RD.
KALAMAZOO MI 49001**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1927

3a. Date of Last Report

03/16/1994

4. FEI Number

59-0318355

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.0502 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 of person named as registered agent and for it to be used

(NOTE: Registered Agent signature required after recording.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**PD
BRAKSICK, NORM A
6321 TROTWOOD
PORTAGE MI**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
CEO ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**AT
SALISBURY, ROBERT C
4180 SQUIRE HEATH
PORTAGE MI**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**T
MEISLING, LINDA A.
1129 HIGHGATE ROAD
KALAMAZOO MI**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**CD
WELCH, GERALD
7355 HIDDEN COVE PLACE
KALAMAZOO, MI 0**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST ZIP
**PD
JOHN C. SORENSON
7032 WINDCREST CT,
KALAMAZOO MI 49009** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**SD
MOORE, LARRY
1748 WAITE
KALAMAZOO, MI 0**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
**AT
WARD, ROBERT D
10411 LLOY
KALAMAZOO MI**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST ZIP
☐ Change ☐ Addition

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 119.07(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: *Robert D. Ward* **ROBERT D. WARD ASST. TREAS.**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

(616) 323-4821

115383

(2)

ASGROW FLORIDA COMPANY

OFFICERS & DIRECTORS

4/1/94

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Social Security Number</u>
*Norman A. Braksick	Chairman of the Board	6321 Trotwood Portage, MI 49081	489-44-3036
*John C. Sorenson	President	7082 Windcrest Ct. Kalamazoo, MI 49009	326-44-4910
*Larry Moore	Secretary	1748 Waite Kalamazoo, MI 49008	288-32-4752
Linda A. Meisling	Treasurer	1129 Highgate Road Kalamazoo, MI 49007	366-52-6569
Robert D. Ward	Assistant Treasurer	10411 Lloy Kalamazoo, MI 49002	372-46-7181
Robert C. Salisbury	Assistant Treasurer	4180 Squire Heath Portage, MI 49002	261-72-7594

Names with an asterisk are also directors.