


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90007 027 ***150.00

0526874

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 527276

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1977

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

BARBARA WRIGLEY

82 Street Address (P.O. Box Number is Not Acceptable)

905 8TH AVE

83

84 City

PALMETTO

FL

85 Zip Code

34221

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

Barbara Wrigley

(NOTE: Registered Agent signature required when reinstating)

3-27-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WRIGLEY, R. A.	
STREET ADDRESS	2001 ALEXANDRINE	
CITY-ST-ZIP	DETROIT MI	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WRIGLEY, BARBARA	
STREET ADDRESS	2001 ALEXANDRINE	
CITY-ST-ZIP	DETROIT MI	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, ROBERT	
STREET ADDRESS	2001 ALEXANDRINE	
CITY-ST-ZIP	DETROIT MI	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HARMON, JOHN L.	
STREET ADDRESS	2001 ALEXANDRINE	
CITY-ST-ZIP	DETROIT MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Barbara Wrigley

3-27-99

Date

313-831-1155

Daytime Phone #