

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 645042 (3)

1. Corporation Name

WOLVERINE CONSTRUCTION, INC.



Principal Place of Business

329 TUDOR DRIVE  
CAPE CORAL FL 33904-9454  
US

Mailing Address

329 TUDOR DRIVE  
CAPE CORAL FL 33904-9454  
US

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

24

25

29

30

9. Name and Address of Current Registered Agent

SASSO, M DANIEL  
3624 DEL PRADO BLVD, STE D  
CAPE CORAL FL 33904

3. Date Incorporated or Qualified  
11/13/1979

3a. Date of Last Report  
02/14/1995

4. FEI Number  
59-1951784

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

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 607.0502 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

(Signer's title or professional name of registered agent and state if applicable)

(NOTE: Registered Agent Signature required when resigning)

DATE

12.

OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

PTD  
BACHELOR, DUANE C  
329 TUDOR DRIVE  
CAPE CORAL, FL 00000  
DVP  
BACHELOR, SHAWN  
329 TUDOR DRIVE  
CAPE CORAL FL  
VD  
BACHELOR, JOSEPH D  
2107 N.E. 17TH AVENUE  
CAPE CORAL, FL 00000

☐ DELETE

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ 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)(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

1/25/96

941-549-1150

CR2E034 (12/95)