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FILED
Jan 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3. Date Incorporated or Qualified 11/13/1979
3a. Date of Last Report 02/08/1996
4. FEI Number 59-1951784
Applied For Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 80 Bay 1541
Suite, Apt. #, etc.

27 Cape Coral
City & State

28 FL

Zip

Country

29 33910-1541

30 USA

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

9. Name and Address of Current Registered Agent

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

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

Signature of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD
NAME BACHELOR, DUANE C
STREET ADDRESS 329 TUDOR DRIVE
CITY-ST-ZIP CAPE CORAL, FL 00000

☐ DELETE

TITLE DVP
NAME BACHELOR, SHAWN
STREET ADDRESS 329 TUDOR DRIVE
CITY-ST-ZIP CAPE CORAL FL

☐ DELETE

TITLE VD
NAME BACHELOR, JOSEPH D
STREET ADDRESS 2107 N.E. 17TH AVENUE
CITY-ST-ZIP CAPE CORAL, FL 00000

☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0397481

CR2E034 (9/96)