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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90212 028 ***300.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 826383

1. Corporation Name

JACOBSON STORES INC.

Principal Place of Business

3333 SARGENT RD
JACKSON MICHIGAN 49201-5800

Mailing Address

3333 SARGENT RD
JACKSON MICHIGAN 49201-5800

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1971

4. FEI Number

38-0686330

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE

NAME MILLS, GERALD P

STREET ADDRESS 3333 SARGENT RD

CITY-ST-ZIP JACKSON MICHIGAN 49201-5800

TITLE VCD ☐ DELETE

NAME GILBERT, PAUL W

STREET ADDRESS 3333 SARGENT RD

CITY-ST-ZIP JACKSON MICHIGAN 49201-5800

TITLE VP ☐ DELETE

NAME RODEFELD, JAMES A

STREET ADDRESS 3333 SARGENT ROAD

CITY-ST-ZIP JACKSON MICHIGAN 49201-5800

TITLE SRVP ☐ DELETE

NAME KOLMAN, THEODORE R

STREET ADDRESS 3333 SARGENT RD

CITY-ST-ZIP JACKSON MICHIGAN 49201-5800

TITLE VPC ☐ DELETE

NAME SPALDING, TIMOTHY J

STREET ADDRESS 3333 SARGENT RD

CITY-ST-ZIP JACKSON MICHIGAN 49201-5800

TITLE SRVP ☐ DELETE

NAME RICE, BEVERLY A

STREET ADDRESS 3333 SARGENT RD

CITY-ST-ZIP JACKSON MICHIGAN 49201-5800

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 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:

SIGNATURE REQUIRED
D. COLLINS

Date

4-14-99

Daytime Phone #

517-764-6400

CR2E034 (11/98)