

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

0526897

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90009 013 ***450.00

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

DOCUMENT # 827506

1. Corporation Name

AMS INDUSTRIES, INC.

Principal Place of Business

Mailing Address

**6501 E NEVADA
DETROIT MI 48234**

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DETROIT MI 48234**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1972

4. FEI Number

13-2684507

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

2a. Mailing Address

21 1175 W LONG LAKE RD

26 1175 W LONG LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 TROY MI

28 TROY MI

Zip

Zip

Country

Country

24 48098 25 USA

29 48098 30 USA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|------------------------------|--|
| TITLE | VPT | <input checked="" type="checkbox"/> DELETE |
| NAME | LOVEJOY, ROBERT M JR. | |
| STREET ADDRESS | 5601 E. NEVADA | |
| CITY-ST-ZIP | DETROIT MI | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | | |
|----------------|--------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | ASHTON, HARRIS J | |
| STREET ADDRESS | ONE STATION PLACE | |
| CITY-ST-ZIP | STAMFORD CT | |

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | | |
|----------------|----------------------------|--|
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | SIMPSON, JAMES R | |
| STREET ADDRESS | 1175 W LONG LAKE RD | |
| CITY-ST-ZIP | TROY MI 48098 | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | VS | <input type="checkbox"/> DELETE |
| NAME | EVERINGHAM, J. T | |
| STREET ADDRESS | 1175 W LONG LAKE RD | |
| CITY-ST-ZIP | TROY MI 48098 | |

| | | |
|--------------------|------------------|--|
| 4.1 TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | CEO | <input type="checkbox"/> DELETE |
| NAME | BACZKO, JOSEPH R | |
| STREET ADDRESS | 1175 W LONG LAKE RD | |
| CITY-ST-ZIP | TROY MI 48098 | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | CFO | <input type="checkbox"/> DELETE |
| NAME | LAKIN, LARRY T | |
| STREET ADDRESS | 1175 W LONG LAKE RD | |
| CITY-ST-ZIP | TROY MI 48098 | |

| | |
|--------------------|---|
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY T. LAKIN

Date

Date Time Phone #

(248) 712-7000

CR2E034 (11/98)