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FILED
Feb 04 1998 8:00am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # 828414 (3)
1. Corporation Name
FOREMOST FINANCIAL SERVICES CORPORATION



Principal Place of Business
**5600 BEECH TREE DRIVE
P O BOX 2450
GRAND RAPIDS MI 49501-2450**

Mailing Address
**5600 BEECH TREE DRIVE
P O BOX 2450
GRAND RAPIDS MI 49501-2450**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	5600 BEECH TREE LANE	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	CALEDONIA MI	28	
Zip	Country	Zip	Country
24	49316	25	USA
29		30	

3. Date Incorporated or Qualified 08/01/1972	
4. FEI Number 73-0462770	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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

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
		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	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ORANGE, LARRY J	1.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	1.4 CITY-ST-ZIP	
TITLE	DC ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ANTONINI, RICHARD L.	2.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	2.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WELSH, DONALD D	3.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	3.4 CITY-ST-ZIP	
TITLE	VS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	YARED, PAUL D.	4.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WOUDSTRA, ROBERT F	5.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	5.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	BRIZZOLARA, JOSEPH A	6.2 NAME	
STREET ADDRESS	5600 BEECH TREE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CALEDONIA MI	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 in an attachment with an address.

KENNETH C. HAINES

CR2E034 (10/97)

FOREMOST FINANCIAL SERVICES CORPORATION

Additional Officers/Directors

<u>TITLE</u>	<u>NAME</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE</u>
C	HAINES, KENNETH C.	5600 BEECH TREE LANE	CALEDONIA, MI