

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 9:01

DOCUMENT # **836801** (1)

1. Corporation Name
JO-AD INDUSTRIES INC.

Principal Place of Business Mailing Address
**31465 STEPHENSON HIGHWAY
MADISON HGHTS MI 48071**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/04/1976** 3a. Date of Last Report **02/10/1994**

4. FEI Number **38-1565944** 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

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

**WAGNER, HENRY C
5000 SE TAMiami TRAIL
CHARLOTTE HARBOR, FL
33950**

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 registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	GETMAN, ADDISON B
STREET ADDRESS	9305 ST CLAIR RIVER RD
CITY - ST - ZIP	ALGONAC, MI 00000
TITLE	SD
NAME	DAVEY, JOHN J
STREET ADDRESS	201 W 13 MILE RD
CITY - ST - ZIP	MADISON HEIGHTS, MI 00000
TITLE	PD
NAME	GETMAN, ADDISON B
STREET ADDRESS	9305 ST CLAIR RIVER RD
CITY - ST - ZIP	ALGONAC, MI 00000
TITLE	VD
NAME	WAGNER, HENRY C
STREET ADDRESS	5000 SE TAMiami TRAIL
CITY - ST - ZIP	CHARLOTTE HARBOR, FL 00000
TITLE	VD
NAME	O DEL, KAROL
STREET ADDRESS	31465 STEPHENSON HWY.
CITY - ST - ZIP	MADISON HEIGHTS MI
TITLE	VD
NAME	WEATHERLY, GEORGE
STREET ADDRESS	31465 STEPHENSON HWY.
CITY - ST - ZIP	MADISON HEIGHTS MI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

N/A

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)(b), 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: **X HENRY C. WAGNER** V/D. **May 26, 1995** 813
Signature and Typed or Printed Name of Registered Agent or Director Date (Type or Print Name)
Henry C. Wagner V/D. **605-6126**