

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR -4 AM 11:04

DOCUMENT # **844166** (9)

1. Corporation Name  
**BOYLAN SALES, INC.**

Principal Place of Business Mailing Address  
**607 N MAIN ST P.O. BOX 358 PLAINWELL MI 49080-0580**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/18/1979** 3a. Date of Last Report **04/05/1994**  
4. FEI Number **38-0366930** 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. Sur pt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. **49080-358** 25. Country 29. **49080-358** 30. Country

9. Name and Address of Current Registered Agent  
**BOYLAN, LORI  
15409 PLANTATION OAKS DR  
UNIT 7  
TAMPA FL 33647**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature (hand or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, OSCAR L	12 NAME	<i>same</i>
STREET ADDRESS	805 SPRING BEACH RD.	13 STREET ADDRESS	
CITY - ST - ZIP	CARY IL	14 CITY - ST - ZIP	
TITLE	PC	21 TITLE	CHAIRMAN of the Board <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLAN, JAMES C	22 NAME	Boylan, James C.
STREET ADDRESS	5880 TRILLIUM TR	23 STREET ADDRESS	<i>same</i>
CITY - ST - ZIP	HARBOR SPRINGS MI	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYLAN, SARAHANNE	32 NAME	<i>same</i>
STREET ADDRESS	5880 TRILLIUM TR	33 STREET ADDRESS	
CITY - ST - ZIP	HARBOR SPRINGS MI	34 CITY - ST - ZIP	
TITLE	D	41 TITLE	President of Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOORHOUSE, JEANNE L	42 NAME	Boylan, Michael
STREET ADDRESS	1696 SYCAMORE	43 STREET ADDRESS	167 Country Club Blvd.
CITY - ST - ZIP	OTSEGO MI	44 CITY - ST - ZIP	Plainwell, MI, 49080
TITLE	D	51 TITLE	Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOORHOUSE, THOMAS D	52 NAME	Boylan, Patrick
STREET ADDRESS	1696 SYCAMORE	53 STREET ADDRESS	846 Washtenaw NE
CITY - ST - ZIP	OTSEGO MI	54 CITY - ST - ZIP	Grand Rapids, MI, 46104
TITLE	VST	61 TITLE	VST + Director of Chief <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVENPORT, JUDY	62 NAME	Davenport, Judy
STREET ADDRESS	2272-114TH AVE	63 STREET ADDRESS	Financial Officer
CITY - ST - ZIP	ALLEGAN MI	64 CITY - ST - ZIP	<i>same</i>

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 as an attachment with an address.

SIGNATURE: *Judy Davenport* Judy Davenport 3-27-95 616-685-6828  
Date (Date) (Telephone Number)