

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:08**

DOCUMENT # 844344

(2)

1. Corporation Name

FOREMOST HOME SERVICES CORPORATION

Principal Place of Business

**5600 BEECH TREE LANE
P O BOX 2450 ATTN: TAX DEPT.
GRAND RAPIDS MI 49501**

Mailing Address

**5600 BEECH TREE LANE
P O BOX 2450 ATTN: TAX DEPT.
GRAND RAPIDS MI 49501**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/12/1979

3a. Date of Last Report

02/01/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

38-2260224

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD**
NAME **SHATTUCK, GEORGE H.**
STREET ADDRESS **5600 BEECH TREE LANE**
CITY-ST-ZIP **CALEDONIA MI**

TITLE **TD**
NAME **WOUDSTRA, F ROBERT**
STREET ADDRESS **5600 BEECH TREE LANE**
CITY-ST-ZIP **CALEDONIA MI**

TITLE **SD**
NAME **YARED, P D**
STREET ADDRESS **5600 BEECH TREE LANE**
CITY-ST-ZIP **CALEDONIA MI**

TITLE **V**
NAME **SELLHORN, RANDALL C.**
STREET ADDRESS **5600 BEECH TREE LANE**
CITY-ST-ZIP **CALEDONIA MI**

TITLE **C**
NAME **BOSHOVEN, STEPHEN J.**
STREET ADDRESS **5600 BEECH TREE LANE**
CITY-ST-ZIP **CALEDONIA MI**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

**P D
HANNIGAN, JOHN J.
5600 BEECH TREE LANE
CALEDONIA MI**

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

**C
HAINES, KENNETH C.
6700 BEECH TREE LANE
CALEDONIA MI**

☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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)(k), 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 on an attachment with an address.

SIGNATURE:

KENNETH C. HAINES - CONTROLLER

02/01/95

(616) 956-3750