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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(2)

FOREMOST HOME SERVICES CORPORATION

## **FILED** Feb 04 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						T I BOIDT ABITE DIEUT BARER IIIIT BIRIT GIRF BIRIT D	J I NOTON LABIT OTBIT ALBER IIIII BIDIT OTON SION DIDIT SION SION SION SION SION SION SION SION		
5600 BEECH P O BOX 245 GRAND RAPI	TREE LANE 60 ATTN: TAX DEPT.	5600 B P O B	5800 BEECH TREE LANE P O BOX 2450 ATTN: TAX DEPT. GRAND RAPIDS MI 49501			DO NOT WRITE IN TH	IS SPACE		
	- · · · · · · · · · · · · · · · · · · ·	Ç., y. u. u.				3. Date Incorporated or Qualified 10/12/1979	10 01 7102		
2. Principal P	lace of Business	2a. Mail	ing Address			4. FEI Number		Applied For	
21 5600	D BEECH TREE L	ANE 26	26			38-2260224	1	Not Applicable	
Suite, Apt.	#, etc.	<b>├</b>	e, Apt. #, etc.			5. Certificate of Status Desired		Additional	
22		27						Required	
City & Stat	e EDONIA MI	— ·	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip CALI	Country	28 Zip		Country				d to Fees	
24 4931	ļ '	SA 29	34	¬ '	•	This corporation owes or has paid the enterprise Personal Property Tax due June 30.		Intangible No	
24	9. Name and Address	of Current Registered		<u> </u>		10. Name and Address of New Registers		DN LA	
CT	CORPORATION SYSTI			81	Name		- rigent		
	0 8. PINE ISLAND RO								
	NTATION FL 33324			62	Street	Address (P.O. Box Number is Not Acceptable)			
				83					
					ļ.,				
				84	City	F	85 Zip	p Code	
Office of r	egistered agent, or both, i	n the State of Florida. Si	ich change was aut	horized b	v the cori	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	of changing	its registered	
agent. I a	m familiar with, and accer	of the obligations of, Sec	tion 607.0505, Florid	da Statute	S.	, , , , , , , , , , , , , , , , , , , ,		9	
SIGNATURE	Signature, typed or printed name o		-14 (4/07/ F						
12.		ICERS AND DIRECTOR		13.	ont signature	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		100 IN 10	
TITLE	PD	TOETS AND DITE OF OTHER	DELETE	1.1 TITLE		ABBITIONS/OFFICIANGES TO OFFICERS A	Change		
NAME	HANNIGAN, JOHN .	l		1.2 NAME					
STREET ADDRESS	5600 BEECH TREE	LANE			ADDRESS				
CITY-ST-ZIP	Caledonia Mi			1.4 CITY - S					
TITLE	TO		DELETE	2.1 TITLE			Change	Addition	
NAME	WOUDSTRA, F ROB	ert		2.2 NAME			•		
STREET ADDRESS	5600 BEECH TREE	LANE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	Caledonia Mi			2. 4 CITY-	ST-ZIP				
TITLE	80		DELETE	3.1 TITLE			☐ Change	Addition	
NAME	YARED, P D			3.2 NAME			-		
STREET ADDRESS	5600 BEECH TREE	LANE	į	3 3 STREET	address				
CITY-ST-ZIP	CALEDONIA MI			3.4. CITY-5	ST- <b>Z</b> IP				
TITLE	V		DELETE	4.1 TITLE			☐ Change	Addition	
NAME	SELLHORN, RANDA			4. 2 NAME					
STREET ADDRESS	5600 BEECH TREE	LANE		4.3 STREET	ADDRESS				
CITY-ST-ZIP	CALEDONIA MI			4.4 CITY - S	T-ZIP				
TITLE	C		DELETE	5.1 TITLE			Change	Addition	
NAME	HAINES, KENNETH			5.2 NAME					
STREET ADDRESS	6700 BEECH TREE	LANE		5.3 STREET	ADDRESS				
CITY-ST-ZIP	CALEDONIA MI			5.4 CiTY-S	1 - ZIP				
TITLE			DELETE	61 TILE			Change	Addition	
NAME				62 NAME					
STREET ADDRESS				6.3 STREET	ADDRESS				
CITY-ST-ZIP				6.4 CITY-S	T-ZIP				
44 I basalas a	and the short short indicate a street	and the state of the con-	1 102 4 41						

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 a attachment with an address.

KENNETH C. HAINES