

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

APPROVED
AND
FILED

1995

6-11-95 9:15

DOCUMENT # 848995

(7)

FLA. STATE
TALLAHASSEE, FLORIDA

ALL-PHASE ELECTRIC SUPPLY CO.

875 RIVERVIEW DRIVE
BENTON HARBOR MI 49022

875 RIVERVIEW DRIVE
BENTON HARBOR MI 49022

2. Filing Date		2a. Filing Office	3. Date of Incorporation (22a. Date of Last Report)
21		26	04/30/1981 06/01/1994
22. State of Incorporation		27. Filing Office	4. Filing Number
23		28	38-1601183
24		29	5. Certificate of Status (Degree) ☐ \$8.75 Additional Fee Required
25		30	6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees
26		31	7. The corporation has had any foreign filing under the provisions of Florida Statutes ☐ Yes ☐ No
27		32	8. The corporation has had any foreign filing under the provisions of Florida Statutes ☐ Yes ☐ No
28		33	9. Name and Address of Current Registered Agent
29		34	10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607.01, 607.02, and 607.03, 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. The change was authorized by the corporation's board of directors. I, the undersigned, am a registered agent familiar with and accept the obligations of the new registered agent.

SIGNATURE

William C. Vetter

By the undersigned agent, as authorized by the corporation.

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	V VEGTER, WILLIAM C 875 RIVERVIEW DRIVE BENTON HARBOR MI	NAME	☐ Change ☐ Addition
NAME	PD KINNEY, RONALD F 3401 S LAKESHORE DRIVE ST JOSEPH MI	NAME	Chairman of the Board ☒ Change ☐ Addition
NAME	VD KINNEY, RICHARD M 3401 S LAKESHORE DRIVE ST JOSEPH MI	NAME	☐ Change ☐ Addition
NAME	SD KINNEY, PATRICK J PO BOX 24, NA ST JOSEPH MI	NAME	☐ Change ☐ Addition
NAME	V WIMBUSH, FRANK A 3401 S LAKESHORE DRIVE ST JOSEPH MI	NAME	President ☒ Change ☐ Addition
NAME	VD KINNEY, STEPHEN 3401 LAKESHORE DRIVE ST. JOSEPH MI	NAME	William K. Remwick 3401 S. Lakeshore Dr. St. Joseph, MI 49085

14. I hereby certify that the information supplied with this filing is substantially correct and does not qualify for the exemption stated in Section 607.01, Florida Statutes. I further certify that the information included on this filing is required by law and is not a report or statement of opinion, and that my signature shall have the same legal effect as if it were made with that person's name or other name of the corporation as a person named or otherwise empowered to execute the report or statement required by law to be filed. I am a resident of the State of Florida and am qualified to execute this filing.

SIGNATURE

William C. Vetter
Signature and Typed Name of Registered Agent or Director

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1995



DOCUMENT # **850073** (8)

GOLF COURSE CONSULTANTS, INC.

1296 HEMPEL AVENUE
GOTHA FL 34734-0150

P.O. BOX 150
GOTHA FL 34734-0150

3. Date incorporated (or date of 08/17/1981	3a. Date of last report 04/07/1994
4. FE Number 52-1197705	Agreed for Not Applicable
5. Certificate of Status - Demand ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Does corporation (or partnership) have a bank account in Florida? Florida Statutes ☐ Yes ☒ No	

2. Name and Address of Current Registered Agent 21	2a. Mailing Address 26
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEMS
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number or Not Applicable)	
83. City	
84. City	
85. Zip Code	FL

11. I, the undersigned, being duly sworn to before a Notary Public in and for the State of Florida, hereby certify that the above named corporation (partnership) has been duly organized under the laws of the State of Florida, and that the undersigned is a duly qualified and authorized agent of said corporation (partnership) to execute this statement and for the purpose of changing its registered office (partnership) as set forth in this statement. Such change was authorized by the corporation's board of directors (partnership) and is in compliance with the provisions of the Florida Statutes.

Signature

12. OFFICERS, DIRECTORS, AND PARTNERS	13. ADDITIONAL CHANGES TO OFFICERS AND PARTNERS
1. NAME 2. ADDRESS 3. CITY & STATE 4. ZIP CODE 5. TITLE 6. NAME 7. ADDRESS 8. CITY & STATE 9. ZIP CODE 10. NAME 11. ADDRESS 12. CITY & STATE 13. ZIP CODE 14. NAME 15. ADDRESS 16. CITY & STATE 17. ZIP CODE 18. NAME 19. ADDRESS 20. CITY & STATE 21. ZIP CODE	1. NAME 2. ADDRESS 3. CITY & STATE 4. ZIP CODE 5. NAME 6. ADDRESS 7. CITY & STATE 8. ZIP CODE 9. NAME 10. ADDRESS 11. CITY & STATE 12. ZIP CODE 13. NAME 14. ADDRESS 15. CITY & STATE 16. ZIP CODE 17. NAME 18. ADDRESS 19. CITY & STATE 20. ZIP CODE 21. NAME 22. ADDRESS 23. CITY & STATE 24. ZIP CODE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and true and correct, and equally for this corporation (partnership) has been duly organized under the laws of the State of Florida, and that the undersigned is a duly qualified and authorized agent of said corporation (partnership) to execute this statement and for the purpose of changing its registered office (partnership) as set forth in this statement. Such change was authorized by the corporation's board of directors (partnership) and is in compliance with the provisions of the Florida Statutes.

SIGNATURE:

[Handwritten Signature]

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 407-298-8000

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OFFICE OF THE SECRETARY OF STATE

STATE OF FLORIDA

RECEIVED

APR 11 1995

DOCUMENT # **850409**

(4)

CONOCO INC.

APPROVED

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APR 11 1995

STATE OF FLORIDA

DO NOT WRITE IN THIS SPACE

1000 S PINE ST
PO BOX 1267
PONCA CITY OK 74602-1267
US

PO BOX 1267
212-21 NT
PONCA CITY OK 74602-1267
US

2. Filing Date	2a. Mailing Address	3. Date of Incorporation or Reincorporation	3a. Date of Last Report
21. Filing Date	26. Mailing Address	4. Filing Number	Applied For / Not Applicable
22. Filing Date	27. Filing Address	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Filing Date	28. Filing Address	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Filing Date	29. Filing Address	8. This corporation has assets in excess of \$100,000,000	Florida Statutes ☐ 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. City
	84. State
	85. Zip Code

11. Pursuant to the provisions of Sections 607.0601 and 607.0602, 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 of the corporation and accept the appointment as secretary of the corporation.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS, IF ANY
NAME: PD NICANDROS, CONSTANTINE S 600 N. DAIRY ASHFORD HOUSTON TX	1. NAME ☐ Change ☐ Addition
NAME: VD DUNHAM, AW 600 N. DAIRY ASHFORD HOUSTON TX	2. NAME ☐ Change ☐ Addition
NAME: VP PARKER, DR 1000 S. PINE ST PONCA CITY OH 0	3. NAME ☐ Change ☐ Addition
NAME: S GORHAM, E. L 600 N DAIRY ASHFORD HOUSTON TX	4. NAME ☐ Change ☐ Addition
NAME: VT SARGENT, JOHN C 1007 MARKET STREET WILMINGTON DE	5. NAME ☐ Change ☒ Addition
NAME: VD EDWARDS, GW 600 N. DAIRY ASHFORD HOUSTON TX	6. NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0601, Florida Statutes. I further certify that the information is based on the most recent supplemental annual report of the corporation and is accurate and that my signature shall have the same legal effect as if it were made by the corporation. I understand the consequences of this report as required by Chapter 607, Florida Statutes, and that my name appears on the back of the report.

SIGNATURE: M. W. Espinosa - Asst. Treasurer 4-25-95 713/293-5933