

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # 858099 (5)
1. Corporation Name
LIPPETT COMPONENTS, INC.



Principal Place of Business Mailing Address
608 WRIGHT AVENUE 608 WRIGHT AVENUE
P O BOX 9 P O BOX 9
ALMA MI 48801 ALMA MI 48801

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/12/1983	01/17/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	25-1217067	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	30 Country	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
		<input type="checkbox"/>	
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		10. Name and Address of New Registered Agent	

MILLER, ROBERT
1818 SW 9TH AVE
OCALA FL 34474

81 Name
Croton, Rick
82 Street Address (P.O. Box Number is Not Acceptable)
1818 SW 9th Avenue
83
84 City
Ocala
85 Zip Code
FL 34474

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: *Rick Croton* General Manager 1-19-96
(NOTE: Registered Agent signature required when re-statuting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	S, T, V
NAME	MCPHAIL, GARY G.	1.2 NAME	McPhail, Gary G.
STREET ADDRESS	5171 N LUCE RD	1.3 STREET ADDRESS	5407 Blue Heron Drive
CITY- ST- ZIP	ALMA, MI 00000	1.4 CITY- ST- ZIP	Alma, Michigan 48801
TITLE	V	2.1 TITLE	
NAME	BOND, LAWRENCE A.	2.2 NAME	
STREET ADDRESS	4920 NORTH BLISS ROAD	2.3 STREET ADDRESS	
CITY- ST- ZIP	ELWELL MI	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	
NAME	LIPPETT, STEVEN L.	3.2 NAME	
STREET ADDRESS	1410 RAVENWOOD RD.	3.3 STREET ADDRESS	
CITY- ST- ZIP	GRANBURY TE	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	
NAME	LIPPETT, LAWRENCE C.	4.2 NAME	
STREET ADDRESS	511 FAIRLANE DRIVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	ALMA MI	4.4 CITY- ST- ZIP	
TITLE	PD	5.1 TITLE	
NAME	LIPPETT, L. DOUGLAS	5.2 NAME	
STREET ADDRESS	115 GOLDSIDE DRIVE	5.3 STREET ADDRESS	
CITY- ST- ZIP	ALMA MI	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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)(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, or on an attachment with an address.

SIGNATURE: *Gary McPhail* Treasurer 4/16/96 517-463-8341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)