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Jan 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 858099

(5)

1. Corporation Name

LIPPERT COMPONENTS, INC.

Principal Place of Business

608 WRIGHT AVENUE
P O BOX 9
ALMA MI 48801

Mailing Address

608 WRIGHT AVENUE
P O BOX 9
ALMA MI 48801-0009

3. Date Incorporated or Qualified

10/12/1983

3a. Date of Last Report

01/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

25-1217067

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

CROTON, RICK
1818 S.W. 9TH AVENUE
OCALA FL 34474

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 of the president, officer, director, or registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
STV
MCPHAIL, GARY G.
STREET ADDRESS
5407 BLUE HERON DRIVE
CITY - ST - ZIP
ALMA MI

TITLE ☐ DELETE

NAME
V
BOND, LAWRENCE A.
STREET ADDRESS
4920 NORTH BLISS ROAD
CITY - ST - ZIP
ELWELL MI

TITLE ☒ DELETE

NAME
SD
LIPPERT, STEVEN L.
STREET ADDRESS
1410 RAVENWOOD RD.
CITY - ST - ZIP
GRANBURY TE

TITLE ☐ DELETE

NAME
D
LIPPERT, LAWRENCE C.
STREET ADDRESS
511 FAIRLANE DRIVE
CITY - ST - ZIP
ALMA MI

TITLE ☐ DELETE

NAME
PD
LIPPERT, L. DOUGLAS
STREET ADDRESS
115 GOLDSIDE DRIVE
CITY - ST - ZIP
ALMA MI

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
STV
McPhail, Gary G.
1.3 STREET ADDRESS
5407 Blue Heron Dr.
1.4 CITY - ST - ZIP
Alma, MI

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary McPhail

1/09/97

Date

517-463-8341

Daytime Phone #

0480563

CR2E034 (9/96)