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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **F70522** **(0)**

1. Corporation Name
THE OKAHUMPKA CORPORATION

Principal Place of Business	Mailing Address
2701 UNIVERSITY DR SUITE 320 AUBURN HILLS MI 48326 US	2701 UNIVERSITY DR SUITE 320 AUBURN HILLS MI 48326 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/10/1982**

2. Principal Place of Business (21)	2a. Mailing Address (26)	4. FEI Number: **59-2175753**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State (23)	City & State (28)	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	P/T/D	☒ Change ☐ Addition
NAME	WALKER, FERGUS J.		1.2 NAME	A. JACQUELINE DOUT	
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320		1.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 300	
CITY-ST-ZIP	AUBURN HILLS MI		1.4 CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	VPD	☒ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	LINTON, ROBERT M		2.2 NAME	PHILIP C. SURLES	
STREET ADDRESS	2550 WALNUT HILL LN		2.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 300	
CITY-ST-ZIP	DALLAS TX		2.4 CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	AS	☒ DELETE	3.1 TITLE	AS	☒ Change ☐ Addition
NAME	GILMORE, CURTIS W.		3.2 NAME	COLLEEN T. BAUMAN	
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320		3.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 300	
CITY-ST-ZIP	AUBURN HILLS MI		3.4 CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	TAS	☒ DELETE	4.1 TITLE	C/D	☐ Change ☒ Addition
NAME	KIRKPATRICK,J. MARK		4.2 NAME	WALTER R. YOUNG, JR.	
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320		4.3 STREET ADDRESS	2701 UNIVERSITY DR SUITE 300	
CITY-ST-ZIP	AUBURN HILLS MI		4.4 CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE	S	☒ DELETE	5.1 TITLE	V/S/D	☒ Change ☐ Addition
NAME	BARRETT, PAUL L		5.2 NAME	JOHN J. COLLINS, JR.	
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 320		5.3 STREET ADDRESS	2701 UNIVERSITY DR. SUITE 300	
CITY-ST-ZIP	AUBURN HILLS MI		5.4 CITY-ST-ZIP	AUBURN HILLS MI 48326	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 an attachment with an address.

SIGNATURE: Colleen T. Bauman Colleen T. Bauman Holder (248) 340-2753