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

**PROFIT CORPORATION** ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **F70522** 

THE OKAHUMPKA CORPORATION



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90110 019 \*\*\*150.00

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Principal Place of Business Mailing Address							:=:: +:-:: 4:4	11 61611 91611 1901	
2701 UNIVERSITY DR Suite 320 Auburn Hills mi 48326		2701 UNIVERSITY DR SUITE 320 AUBURN HILLS MI 48326			DO NOT WRITE IN THIS SPACE				
US		US	is ·			3. Date Incorporated or Qualifed			
D 14-90 Address						03/10/1982  4. FEI Number Applied For			
<b>⊢</b> − '	lace of Business	2a. Mailing Address					Not Applicable	1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					5 Additional	1.	
22		27			5. Certificate of Status Desired Fee Required				
City & Stat	ie	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.				
24	9. Name and Address of Current	<del></del>	<del></del>			10. Name and Address of New Registered			1
	- registored righting	8	1 Name					1	
CT CORPORATION SYSTEM			82	Street	Addre	ss (P.O. Box Number is Not Acceptable)		-	
	S. PINE ISLAND ROAD			- Ollock	7,00,0				4
PLAI	NTATION FL 33324		8	3					1.
			84	4 City		EI.	85 Zi	ip Code	1
 		LOOT 4500 Fly ide Statute	the char	l samed	00000	ration submits this statement for the number of	f changing	its registered	┪
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 regist 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.								registered	1
agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statute	s.					
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: Rec	istered Ag	ent signature	required	when reinstating) DATE			ء ا
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AI			_
TITLE	PTD COLLETE 1.1 TI				15	seph H Steamayer	Chang	ge 🔀 Addition	3
NAME	ATOM LIMITEDOTTY DO CHITTE DOG			1.2 NAME 3 CS		701 University Drive, Si	uite :	3.00	
STREET ADDRESS 2701 UNIVERSITY DR., SUITE 320 CITY-ST-ZIP AUBURN HILLS MI 48326						iburn Hills MI 4832	1_		5
CITY-ST-ZIP	VD DELETE 2.1				1	COUNTY AND THE TO JA	Chang	ge	;  {
NAME	SURLES, PHILIP C				3	Surles, Philip C. 2701 University Drive, Suite 30			
STREET ADDRESS				ET ADDRESS	2	701 University Drive, Su	ite 30	10	
CITY-ST-ZIP	DALLAS TX 48326		2. 4 CITY-		A	uburn Hills MI 4832	ا ما		_
-me-	AS DELETE 3.11				A		Chẩng	ge Addition	13 175-
NAME	BAUMAN, COLLEEN T			:	Un	mmy Paul,	H- 3	(III)	1
STREET ADDRESS		20		ET ADDRESS	27	101 University Drive, Su	., i. <i>e</i> - O		
CITY-ST-ZIP	AUBURN HILLS MI 48326	☐ DELETE	3.4. CITY-	_	HU	uburn Hills M1 4832	<i>مکا</i> Chang آ	ge Addition	,-
TITLE	_		4.1 TITLE 4.2 NAMI		,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	ATALLINING DOLLAR OF	20		- et address	1				1
STREET ADDRESS CITY-ST-ZIP	AUBURN HILLS MI 48326		4.4 CITY-					_	_
TITLE			5.1 TITLE	~	V.S	5D	Chang		1
NAME	COLLINS, JUR J H		5.2 NAME		Co	llins, John J Jr. 101 University Drive, Euite	^		
STREET ADDRESS	2701 UNIVERSITY DR., SUITE 3	20		ET ADDRESS	27	of University Drive, Suite	: 300		
CITY-ST-ZIP	AODOTH TILEO III 10020			ST-ZIP	Αı	abum Hills MI 48326	Chang	ge Addition	-
TITLE		☐ DELETE	6.1 TITLE				□ cuan(	An T VOCIOOU	'
NAME			6.2 NAME	: Et address					
FEDERT ADDRESS	£ 1		*****	_,,,,	•				

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 archanged, or an all attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP