

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 10 PM 12:44

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F92263 (5)

1. Corporation Name

THE OKERSTROM CORPORATION OF FLORIDA

Principal Place of Business

Mailing Address

**13520 MERRIMAN
LIVONIA MI 48150
US**

**13520 MERRIMAN
LIVONIA MI 48150
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/28/1982

3a. Date of Last Report

01/25/1994

4. FEI Number

38-2870145

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

25

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Address change

OKERSTROM, ROBERT L.

~~7030~~ + COGNAC DRIVE

7030-1 COGNAC Drive

NEW PORT RICHEY FL 34653

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

NAME

OKERSTROM, ROBERT L.

STREET ADDRESS

13520 MERRIMAN

CITY - ST - ZIP

LIVONIA MI

TITLE

V

NAME

OKERSTROM, JACKIE L.

STREET ADDRESS

6147 SHARON DR

CITY - ST - ZIP

BRIGHTON MI

TITLE

VS

NAME

OKERSTROM, JILL S

STREET ADDRESS

15011 LYONS

CITY - ST - ZIP

LIVONIA MI

TITLE

M

NAME

WOODS, LUKE A.

STREET ADDRESS

12032 LEVERNE

CITY - ST - ZIP

REDFORD MI

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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

M

Mary Larkin

15005 Lyons

Livonia MI 48154

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or the prior 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 holder of a position empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 as changed, or as an addition with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Okerstrom, President

January 12, 1995 313-421-8267