

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 3:42

DOCUMENT # **F93000003777 (0)**

1. Corporation Name

CORVETTE GENERAL AGENCY, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/17/1993	3a. Date of Last Report 02/08/1994
4. FEI Number 31-1368858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business		Mailing Address	
570 COLONIAL PARK DRIVE, SUITE 300 ROSWELL GA 30075		ATTN: TAX DEPT #1315 P.O. BOX 2450 GRAND RAPIDS MI 49502-2450 US	
21. Principal Place of Business	2a. Mailing Address	26. Suite, Apt #, etc	27. Suite, Apt #, etc
22. City & State	28. City & State	29. Zip	30. Zip
23. Country	29. Country	30. Country	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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, Name or Printed Name of Registered Agent and Title (Corporate Seal) Registered Agent Signature required after recording

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HANNIGAN, JOHN J 5600 BEECH TREE LANE CALEDONIA MI	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	D WACHTER, RICHARD T 5600 BEECH TREE LANE CALEDONIA MI 49316	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	DS YARED, PAUL D 5600 BEECH TREE LANE CALEDONIA MI 49316	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	V BOAM, DEBORAH A 5600 BEECH TREE LANE CALEDONIA MI 49316	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	Y BOSHOVEN, STEPHEN 5600 BEECH TREE LANE CALEDONIA MI 49316	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	
TITLE		7.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		7.2 NAME	
STREET ADDRESS		7.3 STREET ADDRESS	
CITY, ST, ZIP		7.4 CITY, ST, ZIP	
TITLE		8.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		8.2 NAME	
STREET ADDRESS		8.3 STREET ADDRESS	
CITY, ST, ZIP		8.4 CITY, ST, ZIP	

C
HAINES, KENNETH C.
5600 BEECH TREE LANE
CALEDONIA MI

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 199.032(9)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

SIGNATURE: *Kenneth C. Haines*
SIGNATURE VERIFIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH C. HAINES - CONTROLLER

02/01/95 (616) 956-3750