

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

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1. Corporation Name

CORVETTE GENERAL AGENCY, INC.



Principal Place of Business

570 COLONIAL PARK DRIVE, SUITE 300
ROSWELL GA 30075

Mailing Address

ATTN: TAX DEPT #1415
P.O. BOX 2450
GRAND RAPIDS MI 49501-450
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1993

4. FEI Number

31-1368858

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 owes the current year Intangible

Personal Property Tax: ☐ Yes ☒ No

2. Principal Place of Business

21 5600 BEECH TREE LANE

Suite, Apt. #, etc.

22

City & State

23 CALEDONIA, MICHIGAN

Zip

24 49316

Country

25 US

2a. Mailing Address

26 P O BOX 2450

Suite, Apt. #, etc.

27

City & State

28 GRAND RAPIDS, MI

Zip

29 49501-2450

Country

30 US

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE DP
NAME HANNIGAN, JOHN J
STREET ADDRESS 5600 BEECH TREE LANE
CITY-ST-ZIP CALEDONIA MI

TITLE DS
NAME YARED, PAUL D
STREET ADDRESS 5600 BEECH TREE LANE
CITY-ST-ZIP CALEDONIA MI 49316

TITLE C
NAME HAINES, KENNETH C
STREET ADDRESS 5600 BEECH TREE LANE
CITY-ST-ZIP CALEDONIA MI

TITLE D
NAME WOULDSTRA, F. ROBERT
STREET ADDRESS 5600 BEECH TREE LANE
CITY-ST-ZIP CALEDONIA MI

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

V
RUDER, NORA L.
5600 BEECH TREE LANE
CALEDONIA MI

AV
CAVNER, PETER J.
5600 BEECH TREE LANE
CALEDONIA MI

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, with all other like empowered.

SIGNATURE: KENNETH C. HAINES-CONTROLLER 02/22/99 (616) 956-3750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)