

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 08, 1999 8:00 am**  
**Secretary of State**

07-08-1999 90029 033 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F94000000694  
 Corporation Name

GEORGE H. PASTOR & SONS, INCORPORATED



Principal Place of Business: 9429 SIX MILE ROAD, LIVONIA MI 48152  
 Mailing Address: 29423 SIX MILE RD., LIVONIA MI 48152, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/14/1994		4. FEI Number 38-2420668		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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

9. Name and Address of Current Registered Agent PASTER, RICHARD J 300 N A1A UNIT #406M SUITE 105 JUPITER FL 33477				10. Name and Address of New Registered Agent			
81	Name			85	Zip Code		
82	Street Address (P.O. Box Number is Not Acceptable) 3250 Suite 5			84	City Jensen Beach FL		
83				85	Zip Code 34957		

I, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
LE	PC PASTOR, RICHARD J 35758 NANCY GAIL FARMINGTON HILLS MI	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME	V PASTOR, CAROL M 35758 NANCY GAIL FARMINGTON HILLS MI	<input checked="" type="checkbox"/> DELETE	1.2 NAME	Pastor Richard J	
REET ADDRESS			1.3 STREET ADDRESS	35758 Nancy Gail	
Y-ST-ZIP			1.4 CITY-ST-ZIP	Farmington Hills, MI	
LE	S PASTOR, JOHN R 30107 MASON LIVONIA MI	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME	T PASTOR, TIMOTHY M 35758 NANCY GAIL FARMINGTON HILLS MI	<input checked="" type="checkbox"/> DELETE	2.2 NAME	Pastor John	
REET ADDRESS			2.3 STREET ADDRESS	31140 Lyndon	
Y-ST-ZIP			2.4 CITY-ST-ZIP	Livonia, MI 48154	
LE		<input type="checkbox"/> DELETE	3.1 TITLE	V. President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME			3.2 NAME	Pastor Craig	
REET ADDRESS			3.3 STREET ADDRESS	20072 Parker	
Y-ST-ZIP			3.4 CITY-ST-ZIP	Livonia, MI 48152	
LE		<input type="checkbox"/> DELETE	4.1 TITLE	Son/Ther	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ME			4.2 NAME	Timothy Pastor	
REET ADDRESS			4.3 STREET ADDRESS	12840 Stanley	
Y-ST-ZIP			4.4 CITY-ST-ZIP	Belleville, MI 48111	
LE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			5.2 NAME		
REET ADDRESS			5.3 STREET ADDRESS		
Y-ST-ZIP			5.4 CITY-ST-ZIP		
LE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ME			6.2 NAME		
REET ADDRESS			6.3 STREET ADDRESS		
Y-ST-ZIP			6.4 CITY-ST-ZIP		

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: *[Signature]* PRESIDENT 7-1-99 734522-3800  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)