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Jan 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F94000002749 (9)**

1. Corporation Name
J. W. COLE AND SONS, INC.

Principal Place of Business	Mailing Address
6500 MT. ELLIOTT DETROIT MI 48211	6500 MT. ELLIOTT DETROIT MI 48211-2435

3. Date Incorporated or Qualified: 05/25/1994
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 38-1722066 ☐ 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

9. Name and Address of Current Registered Agent

COLE, JAMES W
351 PRODUCTION BLVD.
NAPLES FL 33942

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	COLE, JAMES W.		1.2 NAME	Timothy Daly	
STREET ADDRESS	2207 KING LAKE BLVD.		1.3 STREET ADDRESS	6637 King Street	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Chino, CA 91710	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COLE, JAMES W. J		2.2 NAME		
STREET ADDRESS	508 S. MARKET		2.3 STREET ADDRESS		
CITY-ST-ZIP	MARINE CITY MI		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, MALCOLM L		3.2 NAME		
STREET ADDRESS	8825 HARVEY AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LIVONIA MI		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COLE, JON		4.2 NAME		
STREET ADDRESS	2207 KING LAKE BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MCCARTY, DANIEL		5.2 NAME		
STREET ADDRESS	12880 NATHALINE		5.3 STREET ADDRESS		
CITY-ST-ZIP	REDFORD MI 48239		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	COBB, JAMES		6.2 NAME		
STREET ADDRESS	126 PALMETTO DUNES CIRCLE		6.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 33962		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: James W Cole 9 — 1/16/97 — 313-921-8200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480353