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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 25 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400004547 (5)

DURO-LAST, INC.

SIGNATURE: X

DONO L	101) IIIO.				
Principal Place	of Business	Mailing Address	······································		
525 MORLEY DRIVE SAGINAW MI 48601		4468 OAK BRIDGE DRIVI FLINT MI 48532-5422 US	:		
				1	Date of Last Report 2/08/1996
2. Principal Fi	ace of Business	2a. Mailing Address		4. FEI Number 38-2362839	Applied For Not Applicable
Suite, Apt a	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23	:	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangi	ble tax under s. 199.032,
24	25 25 Name and Address of Curr	29	30	Florida Statutes	□ No
	and the same of th	ent Registered Agent	81 Name	10. Name and Address of New Register	eo Agent
	CORPORATION SYSTEM  SOUTH PINE ISLAND ROAD			ress (P.O. Box Number is Not Acceptable)	······································
	NTATION FL 33324		52 Street Add	iress (F.O. box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
and Dissert	The age of lower of Contago (OZ O	100 and 607 1500 Florido Piet	to the shows period one		
agent Fai	og stered agent for both, in the Sta m familiar with, and accept the ob-	ite of Florida. Such change was igations of, Section 607.0505, F	authorized by the corpora- forida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	Graph two, typical or printed name of regularistics	agent and their applicable (NC	OTE: Registered Agent signature requ	ired when reinstating) DATi	E
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TABLE	PD PURE IOUN P	L_ DELETE	1.1 TIFLE		Change L Addition
NAME STREET ADDRESS	Burt, John R 525 Morley Drive		1.2 NAME 1.3 STREET ADDRESS		
CDY S1 2#	SAGINAW MI 48601		1.4 CITY - ST - ZIP		
MILE	VSTD	☐ DELETE	2.1 TITLE		Change Addition
NAME	SNY, SHARON L		2.2 NAME		
STREET ADDRESS	525 MORLEY DRIVE		2.3 STREET ADDRESS		
CHY-SI-7P	SAGINAW MI 48601	DELETE	2. 4 CITY - ST - ZIP		Change Addition
1.1Lf NAME	VD Allen, Kathy L	☐ bereie	3.1 TITLE 3.2 NAME		C Guange
STREET ADORESS	525 MORLEY DRIVE		3.3 STREET ADDRESS		
CHY ST ZIF	SAGINAW MI 48601		3.4. CITY - ST - ZIP		
1 111+	VD	DELETE	4.1 TITLE		Change Addition
NAME	BURT, JOHN C		4. 2 NAME		
STREET ADDRESS	525 MORLEY DRIVE		4.3 STREET ADDRESS		
Dity-St-7/2 Titel	SAGINAW MI 48601	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	VD LAWLER, THOMAS J	L. Detter	5.2 NAME		La onorgo La Nancon
STREET ADDRESS	525 MORLEY DRIVE		5.3 STREET ADDRESS		
CHY-ST ZW	SAGINAW MI 48601		5.4 CITY - ST - ZIP		
1'TLF		DELETE	6.1 TITLE		☐ Change ☐ Addition
HAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
14. 1 do berel	ov certify that the information suppl	lied with this filling does not aus	64 City-St-ZiP	ed in Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the
informatio Lam an of	n indicated on this annual report o	r supplemental annual report is or the receiver or trustee empo	true and accurate and the wered to execute this repo	at my signature shall have the same legal effector as required by Chapter 607, Florida Statute	I as if made under oath; that