FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 MAY -1 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005939 (3)**

1. Corporation Name

~~TRANSITION TEAM NETWORK, INC.~~

(NAME CHANGED TO CHARLES F. PLETCHER, INC 10/24/94)

600001474136
-05/03/95--01155--004
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3221 W. BIG BEAVER RD SUITE 303 TROY MI 48084	3221 W. BIG BEAVER RD SUITE 303 TROY MI 48084

3. Date Incorporated or Qualified: 11/17/1994
3a. Date of Last Report: N/A

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 38-2886921 ☐ 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	10. Name and Address of New Registered Agent
PLETCHER, CHARLES F 19321 U.S. 19 N. SUITE 405 CLEARWATER FL 34624	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when mandating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	C/D ☒ Change ☐ Addition
NAME	PLETCHER, CHARLES F	12 NAME	PLETCHER, CHARLES F,
STREET ADDRESS	3221 W. BIG BEAVER RD, SUITE 303	13 STREET ADDRESS	19321 U.S. 19N, STE 405
CITY ST ZIP	TROY MI 48084	14 CITY ST ZIP	CLEARWATER, FL. 34624
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	RAY, SAMUEL N	22 NAME	
STREET ADDRESS	3221 W. BIG BEAVER RD, SUITE 303	23 STREET ADDRESS	
CITY ST ZIP	TROY MI 48084	24 CITY ST ZIP	
TITLE	T	31 TITLE	T ☒ Change ☐ Addition
NAME	FISHER, ROBERT W	32 NAME	ALAN D. JOHNSON
STREET ADDRESS	3221 W. BIG BEAVER RD, SUITE 303	33 STREET ADDRESS	15 AGERPATH DR.
CITY ST ZIP	TROY MI 48084	34 CITY ST ZIP	OLDSMAR, FL 34677
TITLE		41 TITLE	S ☐ Change ☒ Addition
NAME		42 NAME	GRAHAM S. SMITH
STREET ADDRESS		43 STREET ADDRESS	2874 TALL OAKS CT., APT. 13
CITY ST ZIP		44 CITY ST ZIP	AUBURN HILLS, MI 48326
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	DA ☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	5-1

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 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: Alan D. Johnson ALAN D. JOHNSON 4/20/95 (813) 524-3336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488070 FF