

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000006358 (5)

1. Corporation Name

PRINCE MACHINE CORPORATION



Principal Place of Business

670 WINDCREST DR.
HOLLAND MI 49423

Mailing Address

670 WINDCREST DR.
HOLLAND MI 49423

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/13/1994

3a. Date of Last Report
02/28/1995

4. FEI Number
38-2688390

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME PRINCE, EDGAR D ☒ DELETE
STREET ADDRESS 3006 N. FORK HWY.
CITY-ST-ZIP WAPITI WY

1.1 TITLE C
1.2 NAME PRINCE, ELSA D. ☐ Change ☒ Addition
1.3 STREET ADDRESS 3006 N. Fork Hwy
1.4 CITY-ST-ZIP Wapiti, WY 82450

TITLE D
NAME SPOELHOF, JOHN W ☐ DELETE
STREET ADDRESS ONE PRINCE CENTER
CITY-ST-ZIP HOLLAND MI

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

TITLE DV
NAME JONES, WALTER T ☐ DELETE
STREET ADDRESS ONE PRINCE CENTER
CITY-ST-ZIP HOLLAND MI 49423

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

TITLE DST
NAME HAVEMAN, ROBERT ☐ DELETE
STREET ADDRESS ONE PRINCE CENTER
CITY-ST-ZIP HOLLAND MI 49423

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

TITLE P
NAME HEGEL, ROBERT ☐ DELETE
STREET ADDRESS ONE PRINCE CENTER
CITY-ST-ZIP HOLLAND MI

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

TITLE
NAME ☐ DELETE
STREET ADDRESS
CITY-ST-ZIP

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

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96 616/394-8143

CR2E034 (12/95)