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FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000003511 (1)**

1. Corporation Name

HANSON INTERNATIONAL, INC.

Principal Place of Business

**2800 S STATE ST
STE 5 E
ST JOSEPH MI 49085
US**

Mailing Address

**P.O. BOX 8
ST. JOSEPH MI 49085-0008**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/20/1995

4. FEI Number

38-2702036

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

24 **26** **28** **30**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip **30** Country

9. Name and Address of Current Registered Agent

**HANSON, MERLIN J
100 LAKESHORE DR., T-51
NORTH PALM BEACH FL 33408**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **C** ☐ DELETE

NAME **HANSON, MERLIN J**
STREET ADDRESS **8130 EIDSON ROAD**
CITY-ST-ZIP **ST. JOSEPH MI 49085**

TITLE **PTD** ☐ DELETE

NAME **BERNSON, J. D**
STREET ADDRESS **4290 SUNNYMEADE DRIVE**
CITY-ST-ZIP **ST. JOSEPH MI**

TITLE **V** ☐ DELETE

NAME **STEMM, GENE**
STREET ADDRESS **2818 SOUTH STATE STREET**
CITY-ST-ZIP **ST. JOSEPH MI 49085**

TITLE **SD** ☐ DELETE

NAME **HANSON, GREGORY**
STREET ADDRESS **1575 CARDINAL DRIVE**
CITY-ST-ZIP **ST. JOSEPH MI 49085**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

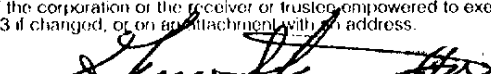
5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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:  **GENE STEMM** 4-3-98 616-429-5555

CR2E034 (10/97)