

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

FILED  
Feb 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000004914 (4)

1. Corporation Name

THE MACKINAC GROUP, INC.



Principal Place of Business

Mailing Address

662 MISER COURT  
TRAVERSE CITY MI 49684-8764

662 MISER COURT  
TRAVERSE CITY MI 49684-8764

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

38-3169142

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

21 662 MIZAR CT.

Suite, Apt. #, etc.

22 City & State

23 TRAVERSE CITY, MI

24 Zip

49684-8764

25 Country

2a. Mailing Address

26 6361 PRESIDENTIAL CT.

Suite, Apt. #, etc.

27 City & State

28 FT. MYERS, FL

29 Zip

33919

30 Country

9. Name and Address of Current Registered Agent

LOCKE, RALPH  
6361 PRESIDENTIAL COURT  
FORT MYERS FL 33919

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 PCD  
NAME LOCKE, RALPH  
STREET ADDRESS 6361 PRESIDENTIAL COURT  
CITY - ST - ZIP FORT MYERS FL 33919

☐ DELETE

TITLE VD  
NAME BLANE, ALTON  
STREET ADDRESS 662 MISER COURT  
CITY - ST - ZIP TRAVERSE CITY MI

☐ DELETE

TITLE STD  
NAME KEMPLE, MARK  
STREET ADDRESS 662 MISER COURT  
CITY - ST - ZIP TRAVERSE CITY MI 49684-8764

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

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

VP  
BLANE, ALTON  
6361 PRESIDENTIAL COURT  
FT. MYERS, FL 33919

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

Ralph Locke

2/17/98

941-482-1244

CR2E034 (10/97)