

# UNIFORM BUSINESS REPORT

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 3, 1999  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 IF DISSOLVED. MINIMUM AMOUNT DUE TO REINSTATE: \$750.

150.00

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
2000



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

00 MAY -1 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004928

1. Corporation Name  
F. X. COUGHLIN CO.

Principal Place of Business  
27050 WICK RD  
TAYLOR MI 48180

Mailing Address  
27050 WICK RD  
TAYLOR MI 48180

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

08/31/1998

4. FEI Number

38-1919790

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

3. This corporation owes the current year  
Intangible Personal Property.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM  
1200 SOUTH 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 PSTD  
NAME COUGHLIN, JOSEPH T  
STREET ADDRESS 27050 WICK RD  
CITY-ST-ZIP TAYLOR MI 48180  
TITLE VD  
NAME COUGHLIN, F.X. JR  
STREET ADDRESS 27050 WICK RD  
CITY-ST-ZIP TAYLOR MI 48180  
TITLE V  
NAME GARCIA, RAYMOND J  
STREET ADDRESS 27050 WICK RD  
CITY-ST-ZIP TAYLOR MI 48180  
TITLE VD  
NAME LARKIN, WILLIAM B  
STREET ADDRESS 27050 WICK RD  
CITY-ST-ZIP TAYLOR MI 48180  
TITLE AT  
NAME LAWTON, KENNETH A  
STREET ADDRESS 27050 WICK RD  
CITY-ST-ZIP TAYLOR MI 48180  
TITLE CFO  
NAME LAWTON, KENNETH A  
STREET ADDRESS 27050 WICK RD  
CITY-ST-ZIP TAYLOR MI 48180

☐ DELETE

☒ DELETE

☒ DELETE

☐ DELETE

☒ DELETE

☒ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

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

☐ Change ☐ Addition

400003248814--6

-05/11/00--01088--004

\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

KE

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

4/26/00 734-946-5850

CR2E034 (5/99)