

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F98000005069**

1. Corporation Name

ORLANDO GAS PRODUCERS, INC.

Principal Place of Business

**425 SOUTH MAIN STREET, SUITE 201
ANN ARBOR MI 48104**

Mailing Address

**425 SOUTH MAIN STREET, SUITE 201
ANN ARBOR MI 48104**

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90156 012 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1998

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

4. FEI Number

38-3274176

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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 ☐ DELETE
NAME **C**
STREET ADDRESS **ANDERSON, GERARD M**
CITY-ST-ZIP **425 SOUTH MAIN STREET, SUITE 201
ANN ARBOR MI 48104**

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **RANGER, CURTIS T**
CITY-ST-ZIP **425 SOUTH MAIN STREET, SUITE 201
ANN ARBOR MI 48104**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ROLLER, WILLIAM R**
CITY-ST-ZIP **2000 SECOND AVENUE, ROOM 1120 WCB
DETROIT MI 48226**

TITLE ☐ DELETE
NAME **CFO**
STREET ADDRESS **MCCARGAR, KENT L**
CITY-ST-ZIP **425 SOUTH MAIN STREET, SUITE 201
ANN ARBOR MI 48104**

TITLE ☐ DELETE
NAME **GC**
STREET ADDRESS **NERN, CHRISTOPHER C**
CITY-ST-ZIP **2000 2ND AVE.
DETROIT MI 48226**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **ARVANI, CHRISTOPHER C**
CITY-ST-ZIP **2000 2ND AVE.
DETROIT MI 48226**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/99 **800-216-3339**

CR2E034 (11/98)