

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **G01877** (1)

1. Corporation Name

UNIVERSAL MAP ENTERPRISES, INC.

Principal Place of Business

Mailing Address

ATTN: KIRK DETHLEFSEN
P O BOX 15
WILLIAMSON MI 48895

ATTN: KIRK DETHLEFSEN
P O BOX 15
WILLIAMSTON MI 48895
US

2. Principal Place of Business

21 **795 Progress Ct.**

Suite, Apt. #, etc.

22
City & State

23 **Williamston, MI**

24 Zip **48895** 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27
City & State

28
Zip Country

3. Date Incorporated or Qualified

10/01/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

38-2428042

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

9. Name and Address of Current Registered Agent

**BOND, GREG
656 SAN PABLO AVENUE
CASSELBERRY FL 32707**

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 607.1505, 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. Thereby 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 the corporation

(Print) Registered Agent Signature (typed or printed name)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD BOND, ROBERT**
STREET ADDRESS **795 PROGRESS CT**
CITY-ST-ZIP **WILLIAMSTON MI**

TITLE ☐ DELETE
NAME **VD BOND, GREG**
STREET ADDRESS **201 TECH DR**
CITY-ST-ZIP **SANFORD FL**

TITLE ☐ DELETE
NAME **STD DETHLEFSEN, KIRK**
STREET ADDRESS **795 PROGRESS CT**
CITY-ST-ZIP **WILLIAMSTON MI**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

Kirk O. Dethlefsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kirk O. Dethlefsen
Sec/Treas

5/01/96

Date

517 655-5641

Telephone Number

CR2E034 (12/95)