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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # G36147 (8)

1. Corporate Name
GREAT LAKES AND SOUTHERN, INC.

Principal Place of Business	Mailing Address
5624 NW 101ST DR CORAL SPRINGS FL 33076 US	5624 NW 101ST DR CORAL SPRINGS FL 33076 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/26/1983
3a. Date of Last Report: 04/21/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: 59-2364666 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LYON, KENDALL
5624 NW 101ST DR
CORAL SPRINGS FL 33076

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 607.150R, 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 (Registered Agent Signature required when changed) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 17		
31 TITLE	VTD	11 TITLE	VTD	☒ Change ☐ Addition
32 NAME	LYON, LYMAN R.	12 NAME	LYON, LYMAN R	
33 STREET ADDRESS	755 W BIG BEAVER ST#2224	13 STREET ADDRESS	1200 ORCHARD RIDGE RD	
34 CITY ST ZIP	TROY MI	14 CITY ST ZIP	BLOOMFIELD HILLS, MICH	
41 TITLE	PSD	21 TITLE		☐ Change ☐ Addition
42 NAME	LYON, KENDALL A.	22 NAME		
43 STREET ADDRESS	5624 NW 101ST DR	23 STREET ADDRESS		
44 CITY ST ZIP	CORAL SPGS. FL	24 CITY ST ZIP		
51 TITLE		31 TITLE		☐ Change ☐ Addition
52 NAME		32 NAME		
53 STREET ADDRESS		33 STREET ADDRESS		
54 CITY ST ZIP		34 CITY ST ZIP		
61 TITLE		41 TITLE		☐ Change ☐ Addition
62 NAME		42 NAME		
63 STREET ADDRESS		43 STREET ADDRESS		
64 CITY ST ZIP		44 CITY ST ZIP		
71 TITLE		51 TITLE		☐ Change ☐ Addition
72 NAME		52 NAME		
73 STREET ADDRESS		53 STREET ADDRESS		
74 CITY ST ZIP		54 CITY ST ZIP		
81 TITLE		61 TITLE		☐ Change ☐ Addition
82 NAME		62 NAME		
83 STREET ADDRESS		63 STREET ADDRESS		
84 CITY ST ZIP		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)(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 the 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: Kendall A Lyon KENDALL A LYON 4/23/95 305 341 4236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0426203 FP