

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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 3-15916 B-22888

DOCUMENT # H98836

(0)

1. Corporation Name

R. & E. INVESTMENTS, INC.



Principal Place of Business

Mailing Address

1080 N MERIDIAN RD
HUDSON MI 49247-204
US

1080 N MERIDIAN ROAD
HUDSON MI 49247-204
US

3. Date Incorporated or Qualified

02/11/1986

3a. Date of Last Report

03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

59-2779371

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

10. Name and Address of New Registered Agent

SMILEY, DONALD
12860 TRECLINE CT.
N. FORT MYERS FL 33903

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME
THOMAS, JAMES
STREET ADDRESS
1080 MERIDIAN RD
HUDSON MI

12 NAME

13 STREET ADDRESS

CITY - ST - ZIP
STD

14 CITY - ST - ZIP

NAME
THOMAS, JOAN
STREET ADDRESS
1080 MERIDIAN RD
HUDSON MI

2.1 TITLE ☐ Change ☐ Addition

CITY - ST - ZIP
VD

22 NAME

23 STREET ADDRESS

NAME
ROSE, PAUL I.

3.1 TITLE ☐ Change ☐ Addition

STREET ADDRESS
RT. 4 JEWELL RD.

32 NAME

33 STREET ADDRESS

CITY - ST - ZIP
DEFIANCE OH

34 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

42 NAME

43 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME

52 NAME

53 STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

54 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

62 NAME

63 STREET ADDRESS

STREET ADDRESS

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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-11-96 517-547-6410

CR2E034 (12/95)