

**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

0-2288

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 type for professional or registered agent not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

Change  Addition

NAME: **P THOMAS, JAMES**  
STREET ADDRESS: **1080 MERIDIAN RD HUDSON MI**

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE  DELETE

Change  Addition

NAME: **STD THOMAS, JOAN**  
STREET ADDRESS: **1080 MERIDIAN RD HUDSON MI**

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE  DELETE

Change  Addition

NAME: **VD ROSE, PAUL I.**  
STREET ADDRESS: **RT. 4 JEWELL RD. DEFIANCE OH**

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE  DELETE

Change  Addition

TITLE  DELETE

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE  DELETE

Change  Addition

TITLE  DELETE

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE  DELETE

Change  Addition

TITLE  DELETE

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

TITLE  DELETE

Change  Addition

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

*James Thomas Pres.*

Date

Daytime Phone #

3-11-96 517-547-6410

CR2E034 (12/95)