

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90009 013 ***450.00

DOCUMENT # P03111

1. Corporation Name

FRANK'S NURSERY & CRAFTS, INC.

Principal Place of Business

6501 E NEVADA
DETROIT MI 48234

Mailing Address

6501 E NEVADA
DETROIT MI 48234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1984

2. Principal Place of Business

21 **1175 WEST LONG LAKE RD.**
Suite, Apt. #, etc.

2a. Mailing Address

26 **1175 WEST LONG LAKE RD.**
Suite, Apt. #, etc.

4. FEI Number

38-1561374

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

22 City & State

23 **TROY MI**

27 City & State

28 **TROY MI**

24 Zip

25 **48098**

Country

USA

29 Zip

48098

Country

USA

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

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 **CEO**
STREET ADDRESS **BACZKO, JOSEPH R**
CITY-ST-ZIP **1175 W LONG LAKE RD
TROY MI 48098**

TITLE ☒ DELETE
NAME **V**
STREET ADDRESS **SIMPSON, JAMES R**
CITY-ST-ZIP **1175 W LONG LAKE RD
TROY MI 48098**

TITLE ☐ DELETE
NAME **CFO**
STREET ADDRESS **LAKIN, LARRY T**
CITY-ST-ZIP **1175 W LONG LAKE RD
TROY MI 48098**

TITLE ☐ DELETE
NAME **VS**
STREET ADDRESS **EVERINGHAM, J. T**
CITY-ST-ZIP **1175 W LONG LAKE RD
TROY MI 48098**

TITLE ☐ DELETE
NAME **COO**
STREET ADDRESS **SZOPINSKI, ADAM**
CITY-ST-ZIP **1175 W LONG LAKE RD
TROY MI 48098**

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **BOYD, WILLIAM C**
CITY-ST-ZIP **1175 W LONG LAKE RD
TROY MI 48098**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **SECRETARY** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 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, with all other like empowered.

SIGNATURE:

LARRY T. LAKIN

(248) 712-7082

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

D. ytime Phone #

CR2E034 (11/98)

0526898