## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

- PROFIT CORPORATION ANNUAL REPORT 1999

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Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P05735

FOREMOST EXPRESS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
5600 BEECH TREE LANE GRAND RAPIDS MI 49501 US	5600 BEECH TREE LANE P.O. BOX 2450 GRAND RAPIDS MI 49501
	•
2. Principal Place of Business	2a. Mailing Address

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Suite, Apt. #, etc.

City & State

# **FILED** Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90043 045 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

04/22/1985 4. FEI Number

38-2505922

4	25	29	30			Personal Property Tax.	•	☐ Yes	MNο
	9. Name and Address of Cur			L	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R	egistered	Agent	
				81	Name	<del></del> -			
CT CORPORATION SYSTEM				82	Street Add	ess (P.O. Box Number is Not Acceptal	ole)		
1200 S. PINE ISLAND ROAD					Olieel Addi	Coo (i . C. Dox Hamber la Hot Acceptan			
PLA	INTATION FL 33324			83			-		
								85 Zip	Code
	that the second			84	City		FL	_	Code
office or	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such char	ae was authorize	a by	tne corporation	oration submits this statement for the on's board of directors, I hereby accep	urpose of the appo	f changing its intment as re	s registered egistered
SIGNATURE							DATE		
12.	Signature, typed or printed name of registered	agent and title if applicable.  AND DIRECTORS	(NOTE: Registere		t signature require	d when reinstating)  ADDITIONS/CHANGES TO OFF		ND DIRECT	ORS IN 12
TITLE	D			TLE				Change	Addition
	ANTONINI. RICHARD L		1	IAME				_ •	_
NAME	**** *********************************				ADDRESS				
STREET ADORES	CALEDONIA MI			ITY-SI	1				
CITY-ST-ZIP TITLE	V			TRE	-21	1300		☐ Change	Addition
NAME	SCIBA, ROBERT L.			IAME		٠			
NAME STREET ADDRES	FACO DEFOULTDEE LANE				ADDRESS -	-		-	
	CALEDONIA MI			CITY-S					
CITY-ST-ZIP TITLE	TDV			TILE	,- 2,1			☐ Change	Additio
NAME	WOUDSTRA, F. ROBERT	<del></del> -	3.21	IAME		•			
STREET ADDRES	FACO BECOM TREE LAND				ADDRESS				
	CALEDONIA MI		1	CITY-S					
CITY-ST-ZIP TITLE	C			TILE	1-21			Change	☐ Addition
NAME	HAINES, KENNETH C	_	4. 2	NAME					
STREET ADDRES			4.33	TREET	ADDRESS				
CITY-ST-ZIP	CALEDONIA MI			CITY-S					
TITLE	DP .			TILE				Change	Additio
NAME	HEATHERLY, DAVID A.		5.21	IAME					
STREET ADDRES	**** OFFON TOFF ! !!!		5.3	TREET	ADDRESS				
CITY-ST-ZIP	CALEDONIA MI		5.4	CITY-S	r-ZIP				
mle ;	S		ELETE 6.1	TILE	·   '			☐ Change	☐ Additio
NAME	YARED, PAUL D.		6.2	AME					
	5600 BEECH TREE LANE		6.3	TREET	ADDRESS				
	CALEDONIA MI			CITY-S					

Country

indicated on this annual report or supplemental annual report is true and accurate and triat my signature shall have the same legal effect as it made under oath; that I am all 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.

02/22/99

(616) 956-3750

CR2E034 (11/98)

## 254268.90013-45 P05735

## Additional Officers & Directors

TTTLE D/V	' <u>NAME</u> HANNIGAN, JOHN J.	STREET ADDRESS 5600 BEECH TREE LANE	CITY, STATE CALEDONIA, MI
AT	WELSH, DONALD D.	5600 BEECH TREE LANE	CALEDONIA, MI
_ AV	TRUJILLO, SHARON	5600 BEECH TREE LANE	CALEDONIA, MI
٧	JOYNER, RONNIE L.	5600 BEECH TREE LANE	CALEDONIA, MI
٧	RUDER, NORA L.	5600 BEECH TREE LANE	CALEDONIA, MI
ΛV	CARCILL KAREN 1	5600 BEECH TREE LANE	CALEDONIA. MI