

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

FILED
Jan 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P06234 (9)
1. Corporation Name
BESSER COMPANY



Principal Place of Business
801 JOHNSON STREET
ALPENA MI 49707

Mailing Address
801 JOHNSON STREET
ALPENA MI 49707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/30/1985

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

4. FEI Number
38-0346640

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 or has paid the current year Intangible Personal Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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	CD	<input type="checkbox"/> DELETE
NAME	PARK, JAMES C	
STREET ADDRESS	801 JOHNSON ST.	
CITY-ST-ZIP	ALPENA MI	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	ARBuckle, JAMES E	
STREET ADDRESS	801 JOHNSON STREET	
CITY-ST-ZIP	ALPENA MI	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ESSEX, AMY E	
STREET ADDRESS	801 JOHNSON STREET	
CITY-ST-ZIP	ALPENA MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUEMENAPP, HAROLD A	
STREET ADDRESS	3001 HARBOR PLACE DRIVE	
CITY-ST-ZIP	ST. CLAIR SHORES MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MUZZY, RICHARD W	
STREET ADDRESS	PO BOX 2099 N/A	
CITY-ST-ZIP	HOLLAND MI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARK, KIMBLERY A	
STREET ADDRESS	ONE MERCK DRIVE, WS3C90	
CITY-ST-ZIP	WHITEHOUSE STATION NH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

AMY E. ESSEX
11 Jan 98 (517) 354 1059

CR2E034 (10/97)