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**Feb 01, 1999 8:00 am**  
**Secretary of State**

02-01-1999 90004 003 \*\*\*150.00

05504245

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P06234**

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

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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 CD  DELETE  
 NAME PARK, JAMES C  
 STREET ADDRESS 801 JOHNSON ST.  
 CITY-ST-ZIP ALPENA MI

TITLE PT  DELETE  
 NAME ARBUCKLE, JAMES E  
 STREET ADDRESS 801 JOHNSON STREET  
 CITY-ST-ZIP ALPENA MI

TITLE S  DELETE  
 NAME ESSEX, AMY E  
 STREET ADDRESS 801 JOHNSON STREET  
 CITY-ST-ZIP ALPENA MI

TITLE D  DELETE  
 NAME RUEMENAPP, HAROLD A  
 STREET ADDRESS 3001 HARBOR PLACE DRIVE  
 CITY-ST-ZIP ST. CLARI SHORES MI

TITLE D  DELETE  
 NAME MUZZY, RICHARD W  
 STREET ADDRESS PO BOX 2099 N/A  
 CITY-ST-ZIP HOLLAND MI

TITLE D  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  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  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

*AMY ESSEX*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F034 (1/198)