FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09879 (8)

1. Corporation Name
E & V, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
86 EAST 6TH STREET HOLLAND MI 49423	86 EAST 6TH STREET HOLLAND MI 49423

3. Date Incorporated or Qualified: 04/23/1986
3a. Date of Last Report: 08/15/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 38-2565871 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	CD	[X] Change ☐ Addition
NAME	ELZINGA, MARSHALL	1.2 NAME		
STREET ADDRESS	263 100TH AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	ZEELAND MI	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	PD	[X] Change ☐ Addition
NAME	ZOODSMA, ROBERT	2.2 NAME	STRUVE, ROBERT	
STREET ADDRESS	1761-4 OTTAWA BCH RD	2.3 STREET ADDRESS	3611 Mississippi Drive NW	
CITY-ST-ZIP	HOLLAND MI	2.4 CITY-ST-ZIP	Coon Rapids MN 55433	
TITLE	TD	3.1 TITLE	STD	[X] Change ☐ Addition
NAME	MCGREGOR, PETER G.	3.2 NAME		
STREET ADDRESS	383 68TH	3.3 STREET ADDRESS		
CITY-ST-ZIP	FENNVILLE MI	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	S	[X] Change ☐ Addition
NAME	ELZINGA, PAUL	4.2 NAME	ELAM-FOOTE, JODY (Asst)	
STREET ADDRESS	340 NORTH 168TH AVENUE	4.3 STREET ADDRESS	3107 NE Johnson #1	
CITY-ST-ZIP	HOLLAND MI	4.4 CITY-ST-ZIP	Minneapolis MN 55418	
TITLE	SD	5.1 TITLE		[X] Change ☐ Addition
NAME	POEL, THOMAS J. (ASST)	5.2 NAME		
STREET ADDRESS	528 PARK AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	GRAND HAVEN MI	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	V	[X] Change ☐ Addition
NAME	BARNEY, MICHAEL L.	6.2 NAME		
STREET ADDRESS	85 ALGONQUIN	6.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLAND MI	6.4 CITY-ST-ZIP		

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)(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: [signature] Peter McGregor 4/27/95 (616) 392-2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0468948 FN