FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P09879** **(8)**

1. Corporation Name

E & V, INCORPORATED

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: **05/01/1995**

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

2. Principal Place of Business	2a. Mailing Address
21 4467 Byron Center SW	26 4467 Byron Center SW
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Grand Rapids MI	28 Grand Rapids MI
24 Zip 49509	25 County Kent
	29 Zip 49509
	30 County Kent

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 Section 607.0502 or 617.1905, 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. The 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	ELZINGA, MARSHALL		12 NAME		
STREET ADDRESS	263 100TH AVENUE		13 STREET ADDRESS		
CITY-ST-ZIP	ZEELAND MI		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	STRUVE, ROBERT		22 NAME		
STREET ADDRESS	3611 MISSISSIPPI DRIVE NW		23 STREET ADDRESS		
CITY-ST-ZIP	COON RAPIDS MN		24 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	MCGREGOR, PETER G.		32 NAME		
STREET ADDRESS	383 66TH		33 STREET ADDRESS	383 Mountain Ash Lane	
CITY-ST-ZIP	FENNVILLE MI		34 CITY-ST-ZIP		
TITLE	S	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	ELAM-FOOTE, JODY (ASST)		42 NAME		
STREET ADDRESS	NE JOHNSON #1		43 STREET ADDRESS	3107 NE Johnson #1	
CITY-ST-ZIP	MINNEAPOLIS MN		44 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	51 TITLE	D	☐ Change ☒ Addition
NAME	POEL, THOMAS J. (ASST)		52 NAME	ELZINGA, PAUL	
STREET ADDRESS	526 PARK AVE.		53 STREET ADDRESS	340 N 168TH AVENUE	
CITY-ST-ZIP	GRAND HAVEN MI		54 CITY-ST-ZIP	HOLLAND MI 49424	
TITLE	V	☒ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BARNEY, MICHAEL L.		62 NAME		
STREET ADDRESS	85 ALGONQUIN		63 STREET ADDRESS		
CITY-ST-ZIP	HOLLAND MI		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is true. Filing is voluntary. Information furnished and does not qualify for the exemptions 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 above, or on an attachment with an address.

SIGNATURE: _____ PETER McGREGOR 03/29/96 (616) 261-5796
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)