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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P17719 (6)

1. Corporation Name
WOLVERINE DEVELOPMENT CORPORATION

Principal Place of Business

1350 E. LAKE LANSING RD.
E. LANSING MI 48823

Mailing Address

1350 E. LAKE LANSING RD.
E. LANSING MI 48823-2277



3. Date Incorporated or Qualified 01/21/1988
3a. Date of Last Report 05/01/1996

4. FEI Number 38-1184780
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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

MAGUIRE, BRUCE J., JR.
31 CHANNEL CAY ROAD
OCEAN REEF CLUB
KEY LARGO FL 33037

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 PD
NAME MAGUIRE, BRUCE J.
STREET ADDRESS 31 CHANNEL CAY RD
CITY-ST-ZIP KEY LARGO FL ☐ DELETE

TITLE S
NAME MAGUIRE, MARY JO
STREET ADDRESS 31 CHANNEL CAY RD
CITY-ST-ZIP KEY LARGO FL ☐ DELETE

TITLE D
NAME MAGUIRE, BRUCE J., III
STREET ADDRESS 1050 APPELGATE
CITY-ST-ZIP EAST LANSING MI ☐ DELETE

TITLE D
NAME MAGUIRE, JOSEPH P.
STREET ADDRESS 1623 WOODSIDE
CITY-ST-ZIP EAST LANSING MI ☐ DELETE

TITLE D
NAME WELSH, JILL, K
STREET ADDRESS 1127 HOL-HI
CITY-ST-ZIP KALAMAZOO MI ☐ DELETE

TITLE D
NAME MAGUIRE, JOHN D.
STREET ADDRESS 5862 WESTMINSTER WAY
CITY-ST-ZIP EAST LANSING MI ☐ DELETE

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 1511 Silverbell Lane
6.4 CITY-ST-ZIP Orange Park, FL 32073

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

517-3378282

CR2E034 (9/96)