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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90068 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P17719

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1988

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MAGUIRE, JOHN D.
STREET ADDRESS 1511 SILVERBELL LANE
CITY-ST-ZIP ORANGE PARK FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS 3938 Fieldstone Circle
6.4 CITY-ST-ZIP Galesburg, MI 49053

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99

517-337-828