

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:36

DOCUMENT # P21792 (7)
1. Corporation Name
JSJ INDUSTRIAL CORPORATION

Principal Place of Business Mailing Address
700 ROBBINS ROAD 700 ROBBINS ROAD
GRAND HAVEN MI 49417 GRAND HAVEN MI 49417

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 11/16/1988
3a. Date of Last Report 04/28/1994

4. FEI Number 38-1941886
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 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CLARE, PAUL D
1327 US #1
ORMOND BCH FL 32174

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VC	NAME METZGER, MICHAEL D.	1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 700 ROBBINS ROAD	CITY-ST-ZIP GRAND HAVEN MI	1.2 NAME Lawson III, William H.	
		1.3 STREET ADDRESS 700 Robbins Road	
		1.4 CITY-ST-ZIP Grand Haven, MI 49417-2651	
TITLE PD	NAME JOHNSON, F. MARTIN	2.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 700 ROBBINS ROAD	CITY-ST-ZIP GRAND HAVEN MI	2.2 NAME Myers, D.F.	
		2.3 STREET ADDRESS 700 Robbins Road	
		2.4 CITY-ST-ZIP Grand Haven, MI 49417-2651	
TITLE SD	NAME JOHNSON, DONALD A.	3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 700 ROBBINS ROAD	CITY-ST-ZIP GRAND HAVEN MI	3.2 NAME Peterson, David D.	
		3.3 STREET ADDRESS 700 Robbins Road	
		3.4 CITY-ST-ZIP Grand Haven, MI 49417-2651	
TITLE VT	NAME OZARK, EDWARD L.	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 700 ROBBINS ROAD	CITY-ST-ZIP GRAND HAVEN MI	4.2 NAME Richardson, John P., Jr.	
		4.3 STREET ADDRESS 700 Robbins Road	
		4.4 CITY-ST-ZIP Grand Haven, MI 49417	
TITLE AS	NAME MCCALLUM, CHARLES E.	5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 700 ROBBINS ROAD	CITY-ST-ZIP GRAND HAVEN MI	5.2 NAME Sherwood III, B.P.	
		5.3 STREET ADDRESS 700 Robbins Road	
		5.4 CITY-ST-ZIP Grand Haven, MI 49417-2651	
TITLE D	NAME JACOBSEN, A E, JR	6.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 700 ROBBINS RD	CITY-ST-ZIP GRAND HAVEN MI	6.2 NAME Sherwood, Lynne	
		6.3 STREET ADDRESS 700 Robbins Road	
		6.4 CITY-ST-ZIP Grand Haven, MI 49417-2651	

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 110.07(3)(b), 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: *Michael D. Metzger* 2-27-95 (616) 842-6350
MICHAEL D. METZGER, Vice President and Controller