

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 # P21792 (7)

1. Corporation Name

JSJ INDUSTRIAL CORPORATION

Principal Place of Business

700 ROBBINS ROAD  
GRAND HAVEN MI 49417

Mailing Address

700 ROBBINS ROAD  
GRAND HAVEN MI 49417



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified  
11/16/1988

3a. Date of Last Report  
03/24/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLARE, PAUL D  
1327 US #1  
ORMOND BCH FL 32174

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 D ☐ DELETE  
NAME LAWSON, III WILLIAM H  
STREET ADDRESS 700 ROBBINS ROAD  
CITY-ST-ZIP GRAND HAVEN MI

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME Philip E. Taylor  
1.3 STREET ADDRESS 700 Robbins Road  
1.4 CITY-ST-ZIP Grand Haven, MI 49417-2651

TITLE D ☐ DELETE  
NAME MYERS, D F  
STREET ADDRESS 700 ROBBINS ROAD  
CITY-ST-ZIP GRAND HAVEN MI

2.1 TITLE V ☒ Change ☐ Addition  
2.2 NAME Michael D. Metzger  
2.3 STREET ADDRESS 700 Robbins Road  
2.4 CITY-ST-ZIP Grand Haven, MI 49417-2651

TITLE E ☐ DELETE  
NAME PETERSON, DAVID D  
STREET ADDRESS 700 ROBBINS ROAD  
CITY-ST-ZIP GRAND HAVEN MI

3.1 TITLE V/T ☒ Change ☐ Addition  
3.2 NAME Edward L. Ozark  
3.3 STREET ADDRESS 700 Robbins Road  
3.4 CITY-ST-ZIP Grand Haven, MI 49417-2651

TITLE D ☐ DELETE  
NAME RICHARDSON, JOHN P JR  
STREET ADDRESS 700 ROBBINS ROAD  
CITY-ST-ZIP GRAND HAVEN MI

4.1 TITLE S/D ☒ Change ☐ Addition  
4.2 NAME Donald A. Johnson  
4.3 STREET ADDRESS 700 Robbins Road  
4.4 CITY-ST-ZIP Grand Haven, MI 49417-2651

TITLE D ☐ DELETE  
NAME SHERWOOD, III B P  
STREET ADDRESS 700 ROBBINS ROAD  
CITY-ST-ZIP GRAND HAVEN MI

5.1 TITLE C ☒ Change ☐ Addition  
5.2 NAME F. Martin Johnson  
5.3 STREET ADDRESS 700 Robbins Road  
5.4 CITY-ST-ZIP Grand Haven, MI 49417-2651

TITLE D ☐ DELETE  
NAME JACOBSEN, A E, JR  
STREET ADDRESS 700 ROBBINS RD  
CITY-ST-ZIP GRAND HAVEN MI

6.1 TITLE AS ☒ Change ☐ Addition  
6.2 NAME Charles E. McCallum  
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 119.07(3)(k), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Metzger

(616) 842-6350

Date

Daytime Phone #

CR2E034 (12/95)