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FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P23555 (6)
1. Corporation Name
WADE-TRIM/ASSOCIATES, INC.

Principal Place of Business

25185 GODDARD ROAD
TAYLOR MI 48180

Mailing Address

25185 GODDARD ROAD
TAYLOR MI 48180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/23/1989

2. Principal Place of Business
21 25251 NORTHLINE RD
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. BOX 10
Suite, Apt. #, etc.

4. FEI Number
38-1802386
Applied For
Not Applicable

22 City & State
23 TAYLOR, MI 48180

27 City & State
28 TAYLOR, MI 48180

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

24 Zip 48180
25 Country WAYNE

29 Zip 48180
30 Country WAYNE

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No N/A

9. Name and Address of Current Registered Agent

GILDERSLEEVE, DAVID B.
4919 MEMORIAL HWY,
SUITE 200
TAMPA FL 33624

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 V
NAME LAMKIN, HERB
STREET ADDRESS 25185 GODDARD
CITY-ST-ZIP TAYLOR MI ☒ DELETE

TITLE VD
NAME COLEMAN, MARK
STREET ADDRESS 25185 GODDARD
CITY-ST-ZIP TAYLOR MI ☐ DELETE

TITLE V
NAME DONNOLLY, DONOVAN
STREET ADDRESS 25185 GODDARD
CITY-ST-ZIP TAYLOR MI ☐ DELETE

TITLE V
NAME BARBER, JOHN
STREET ADDRESS 25185 GODDARD
CITY-ST-ZIP TAYLOR MI ☒ DELETE

TITLE V
NAME LOMAKO, NICK
STREET ADDRESS 25185 GODDARD
CITY-ST-ZIP TAYLOR MI ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD
1.2 NAME BRZEZINSKI THOMAS
1.3 STREET ADDRESS 25251 NORTHLINE RD
1.4 CITY-ST-ZIP TAYLOR MI ☐ Change ☒ Addition

2.1 TITLE VD
2.2 NAME COLEMAN, MARK
2.3 STREET ADDRESS 25251 NORTHLINE RD
2.4 CITY-ST-ZIP TAYLOR, MI ☒ Change ☐ Addition

3.1 TITLE V
3.2 NAME DONNOLLY, DONOVAN
3.3 STREET ADDRESS 25251 NORTHLINE RD
3.4 CITY-ST-ZIP TAYLOR, MI ☒ Change ☐ Addition

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE: [Signature] 4/24/98 (734) 947-9700

CR2E034 (10/97)

Wade-Trim Associates, Inc.
1998 Florida Annual Report
38-1802386

Attachment to Line 12:

P/D

Watson, Douglas M.
25251 Northline Road
Taylor, MI 48180

S/T/D

Zdyrski, Donald E.
25251 Northline Road
Taylor, MI 48180

V/D

Dail, Douglas R.
25251 Northline Road
Taylor, MI 48180

V/D

Tymowski, Frank M.
25251 Northline Road
Taylor, MI 48180