

1-23-95 B-208 C
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CORPORATION
 ANNUAL REPORT
1995



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

DOCUMENT # P28583 (3)
 1. Corporation Name
LAKE MICHIGAN CONTRACTORS, INC.

Principal Place of Business Mailing Address
 225 W. 8TH ST. HOLLAND MI 49423 US
 225 W. 8TH ST. HOLLAND MI 49423 US

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

FILED
 95 JAN 23 AM 11:24
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/27/1990** 3a. Date of Last Report **03/28/1994**
 4. FEI Number **38-2392811** Applied For Not Applicable
 5. Certificate of Status Desired **\$9.75 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
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALSH, KEMMA
STREET ADDRESS	600 N. FAIRVIEW
CITY-ST-ZIP	ZEELAND MI
TITLE	VDS
NAME	WALSH, JOE
STREET ADDRESS	216 VAN RAALTE AVE.
CITY-ST-ZIP	ZEELAND MI
TITLE	G
NAME	BUNDT, JAMES
STREET ADDRESS	4285 THOMPSON RD.
CITY-ST-ZIP	MUSKEGON MI
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	424 W. Lawrence Zeeland MI 49404
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	424 W. Lawrence Zeeland, MI 49404
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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)(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 13, or 13 if changed, or on an attachment with an address.

SIGNATURE: *Kemma J. Walsh*
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
KEMMA J. WALSH - PRESIDENT

1/10/95 6016-392-2958