

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P28791** (2)

1. Corporation Name

RDV PROPERTIES, INC.



Principal Place of Business

Mailing Address

2. Principal Place of Business

21 **126 OTTAWA, N.W., STE 500**

22 Suite, Apt. #, etc.

City & State

23 **GRAND RAPIDS, MI 49503**

Zip

Country

24

25

2a. Mailing Address

26 **SAME**

27 Suite, Apt. #, etc.

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/05/1990

3a. Date of Last Report

05/18/1995

4. FET Number

31-1294087

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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**

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]

(NOTE: Required Agent Signature Required After the 1st Change)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P,D
RICHARD M. DEVOS**
STREET ADDRESS **126 OTTAWA N.W., STE 500**
CITY-STATE-ZIP **GRAND RAPIDS, MI 49503**

TITLE ☐ DELETE

NAME **V,D
HELEN J. DEVOS**
STREET ADDRESS **126 OTTAWA N.W., STE 500**
CITY-STATE-ZIP **GRAND RAPIDS, MI 49503**

TITLE ☐ DELETE

NAME **VD
JERRY L. TUBERGEN**
STREET ADDRESS **126 OTTAWA N.W., STE 500**
CITY-STATE-ZIP **GRAND RAPIDS, MI 49503**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME **S
WILLIAM J. BOER**
STREET ADDRESS **126 OTTAWA N.W. STE 500**
CITY-STATE-ZIP **GRAND RAPIDS, MI 49503**

2.1 TITLE ☐ Change ☒ Addition

NAME **T
ROBERT H. SCHIERBEEK**
STREET ADDRESS **126 OTTAWA N.W., STE 500**
CITY-STATE-ZIP **GRAND RAPIDS, MI 49503**

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Display Phone #

CR2E034 (12/95)