## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P95000016043

1. Corporation Name

NOVO PRODUCTS, INC.

| Principal Place of Business Mailing Address  |   |   |                                   |                    |                        | ( 185188) IIS 1918: Blill Sailt Sail |  |                      |               |              |          |                   |
|--|---|---|-----------------------------------|--------------------|------------------------|--|--|----------------------|---------------|--------------|----------|-------------------|
| Principal Place of Business Mailing Address 519 SW 31ST AVENUE 21001 VAN BORN ROAD |   |   |                                   |                    |                        |  |  | •                    |               |              |          |                   |
| OCALA FL 344   |   | TAYLOR MI 4                                 | TAYLOR MI 48180                   |                    |                        |  | DO NOT WRITE IN THIS SPACE                           |                      |               |              |          |                   |
| [ 03   |   |   |                                   |                    |                        |  | 3. Date Incor  | porated or Qualife   |               |              |          |                   |
|  |   |   |                                   |                    |                        |  | 02/27/19   | •                    |               |              |          |                   |
| 2 Principal P  | Place of Business   | 2a. Mailing A                               | Address                           |                    |                        |  | 4. FEI Numb  | <u> </u>             |               |              | TApp     | lied For          |
|  | lace of Business  | 26  | iddi CDG                          |                    |                        |  | 59-3298  |                      |               | $\vdash$     | + ''     | Applicable        |
| 21<br>Suite, Apt.  | # etc   | Suite, Ap                                   | t # etc                           |                    |                        |  |  |                      |               | \$8.7        |          | ditional          |
| 22 City 8 Stol   | #, <del>6</del> 10.   | 27  | II, 010.                          |                    |                        |  | 5. Certifcate  | of Status Desired    |               |              | e Req    |                   |
| City & Sta   | te  | City & St                                   | tate                              |                    |                        | · - •  | 6. Election C  | ampaign Financir     | ng T          | <b>\$5</b> . | .00 N    | /lay Be           |
| 23   |   | 28  |                                   |                    |                        | _  | Trust Fund   | Contribution         |               | Ade          | lded to  | Fees              |
| Zip  | Country Zip   |   |                                   | Cour               | ntry                   |  | 8. This corporation owes the current year Intangible |                      |               |              |          |                   |
| 24   | 25 29 30  |   |                                   | 10                 | Personal Property Tax. |  |  |                      |               | X Yes □ No   |          |                   |
| 9. Name and Address of Current Registered Agent                                    |   |   |                                   |                    |                        |  | 10. Name and Address of New Registered Agent         |                      |               |              |          |                   |
|  |   |   |                                   |                    | 81                     | Name   |  |                      |               |              |          |                   |
| C T CORPORATION SYSTEM   |   |   |                                   |                    | 82                     | Street Addr  | ess (P.O. Box Nu                                     | mber is Not Acce     | entable)      |              |          |                   |
| 1200 S PINE ISLAND ROAD  |   |   |                                   |                    | ٦.                     | Jueer Addi   | C33 (1 .O. DOX 110                                   | 111201 10 1101 71000 | ,ptablo;      |              |          |                   |
| PLANTATION FL 33324  |   |   |                                   |                    | 83                     |  |  |                      |               |              |          | _                 |
|  |   |   |                                   | -                  |                        |  |  | _ <del>_</del>       |               | Jac I        | Zip Co   | ode               |
|  |   |   |                                   |                    | 84                     | City   |  | •                    | FL            | <b>-</b>  85 | Zip Ci   | oue               |
| 11. Pursuant   | to the provisions of Sections 607.05  | 02 and 607.1508, F                          | lorida Statutes                   | , the ab           | ove                    | e-named comp   | oration submits th                                   | is statement for t   | he purpose of | f changin    | ng its r | egistered         |
| office or i  | registered agent, or both, in the State<br>am familiar with, and accept the oblig | e of Florida. Such c<br>ations of Section 6 | hange was aut<br>307.0505. Florid | nonzed<br>da Statu | ı by ا<br>tes.         | tne corporation  | on's board of direc                                  | ctors, i nereby ac   | cept the appo | ATTUTIENT O  | as iegi  | ISICICO           |
| Į -  |   |   |                                   |                    |                        |  |  |                      |               |              |          |                   |
| SIGNATURE  | Signature, typed or printed name of registered ag                                 | ent and title if applicable.                | (NOTE: P                          | Registered /       | Agen                   | t signature require  | d when reinstating)                                  | _                    | DATE          |              |          |                   |
| 12.  | OFFICERS A  | ND DIRECTORS                                |                                   | 13.                |                        |  | ADDITIONS  | CHANGES TO           | OFFICERS A    |              |          |                   |
| TITLE  | P   | 2   | X) DELETE                         | 1.1 TIΠ            | LE                     |  |  |                      |               | ☐ Cha        | ange     | Addition Addition |
| NAME   | DIRSKE, DAVID L.  |   |                                   | 1.2 NA             | ME                     |  |  |                      |               |              |          |                   |
| STREET ADDRESS   | 520 SW 31ST AVE   |   |                                   | 1.3 STF            | REET                   | ADDRESS  |  |                      |               |              |          |                   |
| CITY-ST-ZIP  | OCALA FL  |   |                                   | 1.4 CIT            | Y-ST                   | r-zip  |  |                      |               |              |          |                   |
| TITLE  | V   |   | DELETE .                          | 2.1 TIT            | LΕ                     |  |  |                      |               | ☐ Cha        | ange     | X Addition        |
| NAME   | GARDNER, LEE  |   | 2.2 NAME                          |                    |                        | •  |  |                      |               |              |          |                   |
| STREET ADDRESS   | 21001 VAN BORN RD   |   | 2.3 ST                            | 2.3 STREET ADDRESS |                        |  |  |                      |               |              |          |                   |
| CITY-ST-ZIP  | TAYLOR MI   |   | 2. 4 CITY-ST-ZIP                  |                    |                        |  | 48180  |                      |               |              |          |                   |
| TITLE  | VPTD  |   |                                   | 3.1 1111           | 3.1 TITLE              |  | C  | -                    |               | ☐ Cha        | ange     | Addition          |
| NAME   | WADHAMS, TIMOTHY  |   |                                   | 3.2 NA             | ME                     |  | -  |                      |               |              |          |                   |
| STREET ADDRESS   | AAAAA WAAL BODAL BOAD   |   |                                   | 3.3 STI            | REET                   | ADDRESS  |  |                      |               |              |          |                   |
| CITY-ST-ZIP  | TAYLOR MI   |   |                                   | 3.4. CI            | TY-S                   | IT-ZIP   |  | 48180                |               |              |          |                   |
| TITLE  | ns  |   | DELETE                            | 4.1 TIT            |                        | <del></del>  |  |                      |               | ☐ Cha        | ange     | 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, with all other like empowered.

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

LINER, DAVID B

DORAN, DAVID A.

**BLACKALL, GARY** 

**HOLLAND MI 43423** 

21001 VAN BORN RD

534 EAST 48TH STREET

TAYLOR MI

**TAYLOR MI** 

21001 VAN BORN ROAD

JRE REAssistant Secretary

□ DELETE

□ DELETE

□ DELETE

4/8/99

48180

48180

(313) 274-7400

☐ Change

Change

X Addition

☐ Addition

Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90130 040 \*\*\*150.00

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