

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

1042

98 NOV 19 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P96000031501
1. Corporation Name

Wolverine, Inc.

Principal Place of Business ~~old address~~ Mailing Address ~~New address~~
Little Caesars Pizza Little Caesars Pizza
622 W. 6th Street 724 W. 23rd Street
Panama City, FL 32405 Panama City, FL 32405

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Little Caesars Pizza	26 Same	59-3372713	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22 4011 S. Tyndall Pkwy	27	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	Trust Fund Contribution	<input type="checkbox"/>
23 Panama City, FL	28	8. This corporation owes or has paid the current year Intangible	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24 32404	25 USA	29	30

9. Name and Address of Current Registered Agent

Jeff Epling
622 W. 6th Street
Panama City, FL 32402

10. Name and Address of New Registered Agent

81 Name Susan Hirmann
82 Street Address (P.O. Box Number is Not Acceptable)
110 Legend Lakes Drive
83 PO Box 27308
84 City Panama City Beach FL 85 Zip Code 32411

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 Susan Hirmann Susan Hirmann, Treasurer 11-17-98
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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Josef Hirmann	1.2 NAME	500002695745--1
STREET ADDRESS	110 Legend Lakes Drive (PO Box 27308)	1.3 STREET ADDRESS	-11/24/98-01081-001
CITY-ST-ZIP	Panama City, FL 32411	1.4 CITY-ST-ZIP	****315.00
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP	2.2 NAME	****315.00
STREET ADDRESS	Jeff Epling	2.3 STREET ADDRESS	
CITY-ST-ZIP	724 W. 23rd Street	2.4 CITY-ST-ZIP	
	Panama City, FL 32405		
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T	3.2 NAME	
STREET ADDRESS	Susan Hirmann	3.3 STREET ADDRESS	
CITY-ST-ZIP	110 Legend Lakes Drive (PO Box 27308)	3.4 CITY-ST-ZIP	
	Panama City, FL 324		
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S	4.2 NAME	
STREET ADDRESS	Deborah Epling	4.3 STREET ADDRESS	
CITY-ST-ZIP	724 W. 23rd Street	4.4 CITY-ST-ZIP	
	Panama City, FL 32405		
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Susan E. Hirmann Susan E. Hirmann 11-17-98 (850)233-7111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/98)



Little Caesars®

20fz

November 17, 1998

Annual Report Filings
Division of Corporations
PO Box 1500 6327
Tallahassee, FL 32302-1500
Attn: Ms. T. Brumbley

Dear Ms. Brumbley,

Enclosed please find our Corporation Annual Report Form and a check in the amount of \$315.00 as per our conversation on November 10, 1998. We sincerely apologize for our ignorance in allowing our Corporation to dissolve.

When we were moving to Florida from Michigan to start this business, our partner Jeff Epling signed the Articles of Incorporation and put our Accountant's address as the Principal Place of business. When we established residency, our address changed and our accountant changed. We never received any documentation that told us we needed to reincorporate every year. We sincerely ask that you waive any late fees that are due from Wolverine, Inc. We would have filed and paid in a timely manner had we known, however, we are so new to owning our own business there is a lot we need to learn. Again we apologize and hope that you consider reinstating us without charging us the late fees.

If you have any questions please feel free to call us at 850-233-7111. Thank you.

Sincerely,

Susan E. Hirmann

Susan E. Hirmann
Treasurer

Josef Hirmann
President

Wolverine, Inc.

724 W. 23rd Street
Panama City, Florida 32405

(904) 785-6197
(904) 784-5555
Fax (904) 233-7111