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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # S18623 (6)

1. Corporation Name
WOLVERINE LAND DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
11941 FAIRWAY LAKES DRIVE FORT MYERS FL 33913-8338 US	11941 FAIRWAY LAKES DRIVE FORT MYERS FL 33913-8338 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/12/1990
3a. Date of Last Report: 02/18/1994
4. FEI Number: 65-0233515 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

SHIMP, STEVEN C.
11941 FAIRWAY LAKES DR
FORT MYERS FL 33913

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	DENHOF, RONNELL P.	1.2 NAME	
STREET ADDRESS	7999 MYERS LAKE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD MI	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GIBBS, DAVID H.	2.2 NAME	
STREET ADDRESS	600 CAMBRIDGE S.E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	HEALY, THOMAS M.	3.2 NAME	
STREET ADDRESS	9420 ALGOMA ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD MI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KEELEAN, JOHN S.	4.2 NAME	
STREET ADDRESS	1036 SAN LUCIA S.E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND RAPIDS MI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	SHIMP, STEVEN C.	5.2 NAME	
STREET ADDRESS	1319 CHALON LANE	5.3 STREET ADDRESS	9921 Caloosa Yacht + Racket Club Dr.
CITY-ST-ZIP	FORT MYERS FL	5.4 CITY-ST-ZIP	Fort Myers, FL 33907
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____ 3/7/95 561-4141
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0483028 FP