FILE NOW; FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 AM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **V35018** **(3)**

1. Corporation Name

CHARLES C. FROST AND ASSOCIATES, INCORPORATED

Principal Place of Business	Mailing Address
ROOD BLDG 139 PEARL ST 4TH FLR GRAND RAPIDS MI 49503 US	ROOD BLDG 139 PEARL ST NW 4TH FLR GRAND RAPIDS MI 49503 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1992
3a. Date of Last Report: 04/04/1994

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

4. FEI Number: 65-0405511 — 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. The corporation has liability for intangible tax under S. 199.032 Florida Statutes: ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 Section [illegible] 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. The corporation is aware that any net effect of transactions filed pursuant to this statute may change the corporation's status of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	CEO		☐ Change ☐ Addition
NAME	FROST, CHARLES C	NAME	
STREET ADDRESS	ROOD BLDG 139 PEARL NW	STREET ADDRESS	
CITY ST ZIP	GRAND RAPIDS MI	CITY ST ZIP	
TITLE	VPS		☐ Change ☐ Addition
NAME	SYTSMA, FREDERICK C	NAME	
STREET ADDRESS	ROOD BLDG 139 PEARL NW	STREET ADDRESS	
CITY ST ZIP	GRAND RAPIDS MI	CITY ST ZIP	
TITLE	TCFO		☒ Change ☐ Addition
NAME	[redacted]	NAME	
STREET ADDRESS	ROOD BLDG 139 PEARL NW	STREET ADDRESS	
CITY ST ZIP	GRAND RAPIDS MI	CITY ST ZIP	
TITLE			☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE			☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE			☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(j), 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 of this report with my title.

SIGNATURE: [signature] 4/27/95 616-771-8700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0476000 FP