

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

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**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 MAR 30 AM 7:41

**DOCUMENT # 115383 (2)**  
1. Corporation Name  
**ASGROW FLORIDA COMPANY**

Principal Place of Business: **WTHE UPJOHN COMPANY  
UNIT 8111-242-52, 7000 PORTAGE RD.  
KALAMAZOO MI 49001**  
Mailing Address: **WTHE UPJOHN COMPANY  
UNIT 8111-242-52, 7000 PORTAGE RD.  
KALAMAZOO MI 49001**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/10/1927**  
3a. Date of Last Report: **03/16/1994**

4. FEI Number: **59-0318355**  
Applied For:   
Net 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**

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81 Name: **FL** 85 Zip Code:  
82 Street Address (P.O. Box Number is Not Acceptable):  
83  
84 City:

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 of person named in registered agent and title (required)

NOTE: Registered Agent signature required after recording.

DATE

12. OFFICERS AND DIRECTORS	
TITLE: <b>PD</b> NAME: <b>BRAKSICK, NORM A</b> STREET ADDRESS: <b>6321 TROTWOOD PORTAGE MI</b> CITY, ST, ZIP:	TITLE: <b>CEO</b> NAME: <b>JOHN C. SORENSON</b> STREET ADDRESS: <b>7092 WINDCREST CT, KALAMAZOO MI 49009</b> CITY, ST, ZIP:
TITLE: <b>AT</b> NAME: <b>SALISBURY, ROBERT C</b> STREET ADDRESS: <b>4180 SQUIRE HEATH PORTAGE MI</b> CITY, ST, ZIP:	
TITLE: <b>T</b> NAME: <b>MEISLING, LINDA A.</b> STREET ADDRESS: <b>1129 HIGHGATE ROAD KALAMAZOO MI</b> CITY, ST, ZIP:	
TITLE: <b>CD</b> NAME: <b>WELCH, GERALD</b> STREET ADDRESS: <b>7355 HIDDEN COVE PLACE KALAMAZOO, MI 0</b> CITY, ST, ZIP:	
TITLE: <b>SD</b> NAME: <b>MOORE, LARRY</b> STREET ADDRESS: <b>1748 WAITE KALAMAZOO, MI 0</b> CITY, ST, ZIP:	
TITLE: <b>AT</b> NAME: <b>WARD, ROBERT D</b> STREET ADDRESS: <b>10411 LLOY KALAMAZOO MI</b> CITY, ST, ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <b>CEO</b> 2. NAME: <b>JOHN C. SORENSON</b> 3. STREET ADDRESS: <b>7092 WINDCREST CT, KALAMAZOO MI 49009</b> 4. CITY, ST, ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE: 3. NAME: 4. STREET ADDRESS: 5. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE: 4. NAME: 5. STREET ADDRESS: 6. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE: 5. NAME: 6. STREET ADDRESS: 7. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE: 6. NAME: 7. STREET ADDRESS: 8. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE: 7. NAME: 8. STREET ADDRESS: 9. CITY, ST, ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(b), 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: *Robert D. Ward* **ROBERT D. WARD, ASST. TREAS.**

(616) 323-4821

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

115383

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## ASGROW FLORIDA COMPANY

OFFICERS & DIRECTORS

4/1/94

<u>Name</u>	<u>Title</u>	<u>Address</u>	<u>Social Security Number</u>
*Norman A. Braksick	Chairman of the Board	6321 Trotwood Portage, MI 49081	489-44-3036
*John C. Sorenson	President	7082 Windcrest Ct. Kalamazoo, MI 49009	326-44-4910
*Larry Moore	Secretary	1748 Waite Kalamazoo, MI 49008	288-32-4752
Linda A. Meisling	Treasurer	1129 Highgate Road Kalamazoo, MI 49007	366-52-6569
Robert D. Ward	Assistant Treasurer	10411 Lloy Kalamazoo, MI 49002	372-46-7181
Robert C. Salisbury	Assistant Treasurer	4180 Squire Heath Portage, MI 49002	261-72-7594

Names with an asterisk are also directors.