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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 821369

(6)

1. Corporation Name

WHITEHALL ENTERPRISES, INC.

Principal Place of Business

3400 MORGAN ROAD
ANN ARBOR MI 48108

Mailing Address

3400 MORGAN ROAD
ANN ARBOR MI 48108-9637



3. Date Incorporated or Qualified

04/25/1968

3a. Date of Last Report

02/20/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

38-1539810

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

9. Name and Address of Current Registered Agent

BRADHAM, WILLIAM W.
5237 DOVER ST. NW
ST. PETERSBURG FL 33703

10. Name and Address of New Registered Agent

81 Name

BRADHAM, WILLIAM W.

82 Street Address (P.O. Box Number is Not Acceptable)

2856 SUNSET BLVD.

83

84 City

BELLEAIR BLUFFS

FL

85 Zip Code

33770

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 typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
JOHNSON, LLOYD R
STREET ADDRESS
2838 SUNSET BLVD.
CITY - ST - ZIP
BELLEAIR BLUFFS FL

TITLE ☐ DELETE

NAME
JOHNSON, MABEL
STREET ADDRESS
2838 SUNSET BLVD.
CITY - ST - ZIP
BELLEAIR BLUFFS FL

TITLE ☐ DELETE

NAME
KUMMER, GORDON H.
STREET ADDRESS
9367 WILD OAKS CR.
CITY - ST - ZIP
SOUTH LYON MI

TITLE ☐ DELETE

NAME
THURMAN, MARGARET
STREET ADDRESS
57950-10 MILE RD.
CITY - ST - ZIP
SOUTH LYON MI

TITLE ☐ DELETE

NAME
KUMMER, LINDA J
STREET ADDRESS
9367 WILD OAKS CR
CITY - ST - ZIP
SOUTH LYON MI

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME
VP
BRADHAM, WILLIAM W.
1.3 STREET ADDRESS
2856 SUNSET BLVD.
1.4 CITY - ST - ZIP
BELLEAIR BLUFFS, FL 33770

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

Linda J. Kummer
Linda J. Kummer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

313 971-4459

Date

Daytime Phone

0480074

CR2E034 (9/96)