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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <i>Katherine Harris</i> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 821369

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

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/25/1968

4. FEI Number

38-1539810

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year Intangible
Personal Property Tax ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

9. Name and Address of Current Registered Agent

BRADHAM, WILLIAM W.
2856 SUNSET BLVD
BELLEAIR BLUFFS FL 33770

10. Name and Address of New Registered Agent

81 Name

Bradham, Maxine

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

2856 Sunset Blvd.

83

City

Belleair Bluffs

85

Zip Code

FL 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 title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

Maxine Bradham 4/5/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETENAME
JOHNSON, LLOYD R
STREET ADDRESS
2838 SUNSET BLVD.
CITY-ST-ZIP
BELLEAIR BLUFFS FLTITLE ☐ DELETENAME
JOHNSON, MABEL
STREET ADDRESS
2838 SUNSET BLVD.
CITY-ST-ZIP
BELLEAIR BLUFFS FLTITLE ☐ DELETENAME
KUMMER, GORDON H.
STREET ADDRESS
9367 WILD OAKS CR.
CITY-ST-ZIP
SOUTH LYON MITITLE ☐ DELETENAME
THURMAN, MARGARET
STREET ADDRESS
57950-10 MILE RD.
CITY-ST-ZIP
SOUTH LYON MITITLE ☒ DELETENAME
KUMMER, LINDA J
STREET ADDRESS
9367 WILD OAKS CR
CITY-ST-ZIP
SOUTH LYON MITITLE ☒ DELETENAME
BRADHAM, WILLIAM W
STREET ADDRESS
2856 SUNSET BLVD
CITY-ST-ZIP
BELLEAIR BLUFFS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ AdditionVice President
Bradham, Maxine
2856 Sunset Blvd.
Belleair Bluffs, FL 337702.1 TITLE ☒ Change ☐ AdditionSecretary
Kummer, Linda J
9367 Wild Oaks Cr
South Lyon, MI 481783.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
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)(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, with all other like empowered.

SIGNATURE:

Gordon H. Kummer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 GORDON H. KUMMER

1/11/99 734 971-4459

Date

Daytime Phone #

CR2E034 (11/98)