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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 828606 (4)

1. Corporation Name:
UNIVERSAL FOREST PRODUCTS, INC.

Principal Place of Business: **2801 E BELTLINE, N.E. GRAND RAPID MI 49505**

Mailing Address: **2801 E BELTLINE, N.E. GRAND RAPID MI 49505**

3. Date Incorporated or Qualified: **09/05/1972**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business:

21. Street Address: _____

22. Suite, Apt. #, etc.: _____

23. City & State: _____

24. ZIP: _____

25. County: _____

26. Mailing Address: _____

27. Suite, Apt. #, etc.: _____

28. City & State: _____

29. ZIP: _____

30. County: _____

4. FEI Number: **38-1465835**

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

**O'NEILL, KEVIN
105 PROGRESS RD
AUBURNDALE FL 33823-7217**

10. Name and Address of Now Registered Agent

B1. Name: _____

B2. Street Address (P.O. Box Number is Not Acceptable): _____

B3. _____

B4. City: _____

B5. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0602 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 Sections 607.0602, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12.	
OFFICER	PD CURRIE, WILLIAM G. 1830 BEARD DR. S.E. GRAND RAPIDS, MI 00000	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VT BOWMAN, ELIZABETH A. 5086 N. OAKVALE CT., S.E. WYOMING MI	2. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VP HARRIS, DONALD L. 602 FRUITVILLE PIKE MANHEIM PA	3. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	V WARD, JAMES H 76 LOWER MEIGS RD MOULTRIE GA	4. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VPD LAUSCH, R. DALE 3029 MARY SE GRAND RAPIDS, MIC	5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	C SECCHIA, PETER F 2833 BONNELL, SE GRAND RAPIDS MI	6. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information made used on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and make no other claim. That I am an officer or director of the corporation at the time covered by the report as required by Chapter 607, Florida Statutes, and that my name appears on this report or that I have changed or am changing my name with an address.

SIGNATURE: *Elizabeth A. Bowman* **ELIZABETH A. BOWMAN 5/1/95 (616) 364-6161**

ORIGINAL AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR