

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 19, 1999 8:00 am  
Secretary of State

02-19-1999 90006 017 \*\*\*150.00



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

PROFIT CORPORATION  
ANNUAL REPORT  
1999

DOCUMENT # S38317

1. Corporation Name  
PETTIT SQUARE, INC.

Principal Place of Business

292 14TH AVENUE, SOUTH  
NAPLES FL 33940-7217  
US

Mailing Address

FRANCIS R. CROAK  
660 EAST MASON STREET  
MILWAUKEE WI 53202  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1991

4. FEI Number

59-3087930

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 owes the current year Intangible  
Personal Property Tax.

Yes

No

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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.  
1201 HAYES STREET  
TALLAHASSEE FL 32301

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  DELETE  
NAME PETTIT, JANE B.  
STREET ADDRESS 660 E MASON ST.  
CITY-ST-ZIP MILWAUKEE WI 53202

TITLE DV  DELETE  
NAME CROAK, FRANCIS R  
STREET ADDRESS 660 E MASON ST.  
CITY-ST-ZIP MILWAUKEE WI 53202

TITLE DST  DELETE  
NAME HENDERSON, CHARLES I  
STREET ADDRESS 660 E MASON ST.  
CITY-ST-ZIP MILWAUKEE WI 53202

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT  Change  Addition  
1.2 NAME Pettit, Jane B.  
1.3 STREET ADDRESS 660 E. Mason St., Milwaukee, WI 53202  
1.4 CITY-ST-ZIP

2.1 TITLE DVS  Change  Addition  
2.2 NAME Francis R. Croak  
2.3 STREET ADDRESS 660 E. Mason St., Milwaukee, WI 53202  
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 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:

*Francis R. Croak*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Francis R. Croak

(414) 227-1214

Date

Daytime Phone #

CR2E034 (11/98)