

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

PROFIT CORPORATION ANNUAL REPORT 2000



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

FILED

00 APR 27 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

21. Principal Place of Business  
Suite, Apt. #, etc.

2a. Mailing Address  
Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23. Zip

28. Zip

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

24. Country

29. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP PETTIT, JANE B. <input type="checkbox"/> DELETE	1.1 TITLE	DPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	PETTIT, JANE B.	1.2 NAME	Pettit, Jane B.
STREET ADDRESS	660 E MASON ST.	1.3 STREET ADDRESS	660 E. Mason St., Milwaukee, WI 53202
CITY-ST-ZIP	MILWAUKEE WI 53202	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	DVS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	CROAK, FRANCIS R	2.2 NAME	Francis R. Croak
STREET ADDRESS	660 E MASON ST.	2.3 STREET ADDRESS	660 E. Mason St., Milwaukee, WI 53202
CITY-ST-ZIP	MILWAUKEE WI 53202	2.4 CITY-ST-ZIP	
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	HENDERSON, CHARLES I	3.2 NAME	
STREET ADDRESS	660 E MASON ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	400003237094--8
CITY-ST-ZIP		4.4 CITY-ST-ZIP	-05/03/00--01074--025 ****150.00 ****150.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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; that I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change is, with all other like empowered.

SIGNATURE: Francis R. Croak

4/26/00 (414) 227-1214