

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 690392 1. Corporation Name L. JOSEPH SEEGER, INC.		

04-20-1999 90099 006 ***150.00

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FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3807 40TH STREET KENOSHA WI 53144 US	Mailing Address 3807 40TH STREET KENOSHA WI 53144 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/26/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2146028	Applied For ☐ Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent BERRY & ASSOCIATES 56 EMERALD COURT SATELLITE BEACH FL 32937		10. Name and Address of New Registered Agent	
81	Name Harry Berry	82	Street Address (P.O. Box Number is Not Acceptable) 56 Emerald Ct
83		84	City Satellite Beach
85	Zip Code 32937		

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

Harry Berry

(NOTE: Registered Agent signature required when registering)

4/2/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	SEEGERS, L JOSEPH	1.2 NAME	
STREET ADDRESS	3807 40TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	KENOSHA WI 53144	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	SEEGERS, MURIEL O	2.2 NAME	
STREET ADDRESS	3807 40TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	KENOSHA WI 53144	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)(l), 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: X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Muriel Seeger 8/3/99

Date

Daytime Phone #

414-654-0333

CR2E034 (1/98)