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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

807185

(4)

## May 06 1998 8:00am Secretary of State

**FILED** 

1. Corporation		(.)		1000 01  001   001   1000  1100   1010   01   01   01   01	iki Bibit dilipi Bibil Bibit ibbe
Principal Place	e of Businoss	Mailing Address		4 140101 10111 88111 19081 8100 8106 0111 01914 010	III QIQII DEDII DEDEI DIBII EBU
2101 KENNEDY ROAD P.O. BOX 591 BOX 591 JANESVILLE WI 53537-059			1		
JANESVILLE WI \$3545		US		DO NOT WRITE IN THIS SPACE	
US				<ol> <li>Date Incorporated or Qualified</li> <li>11/09/1946</li> </ol>	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite Apt. #, etc.		39-0359780	Not Applicable \$8.75 Additional
22		<b>∤</b> η ' '		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]		Trust Fund Contribution	Added to Fees
Zip	Country	Zη	Country	8. This corporation owes or has paid the co	urrent year Intangible
24	25 9. Name and Address of Curre		30	Personal Property Tax due June 30.  10. Name and Address of New Registered	
CT CORPORATION SYSTEM			81 Name		
1200 <b>\$</b> . PINE ISLAND ROAD			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
PLANȚATION FL 33324			83		
				<u> </u>	
	1		84 City	FI	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 pouted name of registance as	NOTE	Registered Agent signature require	red when reinstaling) DATE	
12.	<del></del>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	PO	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BORDEN, J MICHAEL		1.2 NAME		
STREET ADDRESS	RT 5, BOX 280A		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELAVAN WI		1.4 CITY-ST-ZIP		
TITLE	VO COANIV D	☐ DELET <b>E</b>	2.1 TITLE		Change Addition
NAME	SCOTT, FRANK R 4014 HEARTHSONE DR		2.2 NAME		
STREET ADDRESS	JANESVILLE WI		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	T T	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME	SCOTT, FRANK R	La Decent	3.2 NAME		
STREET ADDRESS	4014 HEARTHSTONE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	JANESVILLE WI		3.4. City-St-ZiP		
TITLE	VO	☐ DELETE	4.1 TITLE		Change Addition
NAME	HOLLOWAY, DON C		4. 2 NAME		
STREET ADDRESS	204 SEMINOLE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	JANESVILLE WI		4.4 CITY - ST - ZIP		
TITLE	8	☐ DELETE	5.1 TITLE	<del></del>	Change
NAME	HOUGH, ALBERT R		5 2 NAME		
STREET ADDRESS	432 SOUTH HARMONY DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	JANESVILLE WI	···········	5.4 CITY-ST-ZIP		
TITLE	AS	DELETE	6.1 TITLE		Change Addition
NAME	SWENSON, BERNICE I		6.2 NAME		
STREET ADDRESS	1820 N PONTIAC DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	JANESVILLE WI		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 suppliemental 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.