

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 809454 (2)**

1. Corporation Name

**CURT G. JOA, INC.**



Principal Place of Business

**CROCKER AVE  
P O BOX 903  
SHEBOYGAN FALLS WIS 53085-7903**

Mailing Address

**CROCKER AVE  
P O BOX 903  
SHEBOYGAN FALLS WIS 53085-7903**

3. Date Incorporated or Qualified  
**08/17/1953**

3a. Date of Last Report  
**01/24/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
**39-0376520**

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

10. Name and Address of New Registered Agent

**JOHANSEN, BEULAH  
1500 N. HIGHRIDGE ROAD  
BOYNTON BCH FL 33435**

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 officer 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 the applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JOA, CURT G	
STREET ADDRESS	6029 N OCEAN BLVD	
CITY- ST- ZIP	BOYNTON BCH FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOA, MARTHA F	
STREET ADDRESS	6029 N OCEAN BLVD	
CITY- ST- ZIP	BOYNTON BCH FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	KIELA, GENE F. II	
STREET ADDRESS	N5481 COUNTY AIRE RD	
CITY- ST- ZIP	PLYMOUTH WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAMMERS, DONALD	
STREET ADDRESS	620 ONTARIO AVE	
CITY- ST- ZIP	OOSTBURG WI	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SUPRISE, LOUIS J.	
STREET ADDRESS	13033 S CLEVELAND ROAD	
CITY- ST- ZIP	CLEVELAND WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RADZINS, EDMUND	
STREET ADDRESS	227 SW 14TH AVENUE	
CITY- ST- ZIP	BOYNTON BEACH FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Louis J. Surprise*

Louis J. Surprise

1/23/96

(414)467-6136

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)