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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
100 CROCKER AVENUE
P.O. BOX 803
SHEBOYGAN FALLS WI 53085-0803

Mailing Address
100 CROCKER AVENUE
P.O. BOX 803
SHEBOYGAN FALLS WI 53085-0803



3. Date Incorporated or Qualified
08/17/1953
3a. Date of Last Report
01/30/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip 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 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 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 _____ (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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOA, CURT G		1.2 NAME	
STREET ADDRESS	6029 N OCEAN BLVD		1.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH FL		1.4 CITY - ST - ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOA, MARTHA F		2.2 NAME	
STREET ADDRESS	6029 N OCEAN BLVD		2.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BCH. FL		2.4 CITY - ST - ZIP	
TITLE	ASD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIELA, GENE F. II		3.2 NAME	
STREET ADDRESS	N5481 COUNTY AIRE RD		3.3 STREET ADDRESS	
CITY - ST - ZIP	PLYMOUTH WI		3.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMMERS, DONALD		4.2 NAME	
STREET ADDRESS	620 ONTARIO AVE		4.3 STREET ADDRESS	
CITY - ST - ZIP	OOSTBURG WI		4.4 CITY - ST - ZIP	
TITLE	AT	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUPRISE, LOUIS J.		5.2 NAME	
STREET ADDRESS	13033 S CLEVELAND ROAD		5.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND WI		5.4 CITY - ST - ZIP	
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADZINS, EDMUND		6.2 NAME	
STREET ADDRESS	227 SW 14TH AVENUE		6.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: Louis J. Surprise Louis J. Surprise 1/30/97 (414) 467-6136
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)