

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 # 809454

1. Corporation Name  
**CURT G. JOA, INC.**

Principal Place of Business  
**100 CROCKER AVENUE  
P.O. BOX 903  
SHEBOYGAN FALLS WI 53085-0903**

Mailing Address  
**100 CROCKER AVENUE  
P.O. BOX 903  
SHEBOYGAN FALLS WI 53085-0903**

**FILED**  
**Mar 05, 1999 8:00 am**  
**Secretary of State**

03-05-1999 90097 036 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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

4. FEI Number  
**39-0376520**

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

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

25

29

30

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

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 **CD** ☒ DELETE  
NAME **JOA, CURT G**  
STREET ADDRESS **6029 N OCEAN BLVD**  
CITY-ST-ZIP **BOYNTON BCH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE  
NAME **JOA, MARTHA F**  
STREET ADDRESS **6029 N OCEAN BLVD**  
CITY-ST-ZIP **BOYNTON BCH. FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **ASD** ☐ DELETE  
NAME **KIELA, GENE F. II**  
STREET ADDRESS **N5481 COUNTY AIRE RD**  
CITY-ST-ZIP **PLYMOUTH WI**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **LAMMERS, DONALD**  
STREET ADDRESS **620 ONTARIO AVE**  
CITY-ST-ZIP **OOSTBURG WI**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **AT** ☐ DELETE  
NAME **SUPRISE, LOUIS J.**  
STREET ADDRESS **13033 S CLEVELAND ROAD**  
CITY-ST-ZIP **CLEVELAND WI**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **VPD** ☐ DELETE  
NAME **KENNEY, TIMOTHY**  
STREET ADDRESS **9439 LOTUS CT.**  
CITY-ST-ZIP **BOYNTON BEACH FL 33436**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/99

Date

(920) 467-6136

Daytime Phone #

CR2E034 (1/98)