

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F94000001373 (9)**

1. Corporation Name

LAVELLE INDUSTRIES, INC.

Principal Place of Business

**665 MCHENRY ST.
BURLINGTON WI 53105**

Mailing Address

**665 MCHENRY ST.
BURLINGTON WI 53105**

FILED
Aug 05 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/08/1994

4. FEI Number

36-3566803

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301-2636**

10. Name and Address of New Registered Agent

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

TITLE **PD** ☐ DELETE
NAME **SULLIVAN, RHONDA**
STREET ADDRESS **665 MCHENRY ST.**
CITY-ST-ZIP **BURLINGTON WI 53105**

TITLE **D** ☐ DELETE
NAME **SULLIVAN, ROBERT L**
STREET ADDRESS **665 MCHENRY ST.**
CITY-ST-ZIP **BURLINGTON WI 53105**

TITLE **VD** ☐ DELETE
NAME **SULLIVAN, PAUL J**
STREET ADDRESS **665 MCHENRY ST.**
CITY-ST-ZIP **BURLINGTON WI 53105**

TITLE **D** ☐ DELETE
NAME **WALFISH, MARC**
STREET ADDRESS **135 S. LASALLE ST.**
CITY-ST-ZIP **CHICAGO IL 60603**

TITLE **ST** ☐ DELETE
NAME **ROBERTS, TRACY A**
STREET ADDRESS **665 MCHENRY ST.**
CITY-ST-ZIP **BURLINGTON WI 53105**

TITLE **D** ☐ DELETE
NAME **SHIPP, TERRANCE M**
STREET ADDRESS **135 S. LASALLE ST.**
CITY-ST-ZIP **CHICAGO IL 60603**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

Secretary

CR2E034 (5/98)