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FILED

Jan 23 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000006191 (0)

1. Corporation Name

HIGHSMITH LIBRARY & SCHOOL SUPPLIES INC.



Principal Place of Business

PO BOX 800
FORT ATKINSON WI 53538

Mailing Address

PO BOX 800
FORT ATKINSON WI 53538-0800

3. Date Incorporated or Qualified
12/05/1994

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

21 W5527 Hwy 106

2a. Mailing Address

26 W5527 Hwy 106

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

39-0934921

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	<input type="checkbox"/> DELETE
NAME	HIGHSMITH, DUNCAN	
STREET ADDRESS	W5527 HIGHWAY 106	
CITY - ST - ZIP	FORT ATKINSON WI 53538	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	HIGHSMITH, HUGH	
STREET ADDRESS	W5527 HIGHWAY 106	
CITY - ST - ZIP	FORT ATKINSON WI 53538	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOSS, PAUL R	
STREET ADDRESS	W5527 HIGHWAY 106	
CITY - ST - ZIP	FORT ATKINSON WI 53538	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	HUDSON, STEVEN C	
STREET ADDRESS	W5527 HIGHWAY 106	
CITY - ST - ZIP	FORT ATKINSON WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HERMAN, BILL	
STREET ADDRESS	W 5527 HIGHWAY 106	
CITY - ST - ZIP	FORT ATKINSON WI	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MISTELE, JOHN	
STREET ADDRESS	W 5527 HIGHWAY 106	
CITY - ST - ZIP	FORT ATKINSON WI 52528	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

John Mistele
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/97
Date

414 563 9571 R25
Daytime Phone

CR2E034 (9/96)