

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90205 033 ***150.00

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DOCUMENT # F94000006191
1. Corporation Name
HIGHSMITH LIBRARY & SCHOOL SUPPLIES INC.



Principal Place of Business Mailing Address
W5527 HWY 106 FORT ATKINSON WI 53538 US
W5527 HWY 106 FORT ATKINSON WI 53538 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1994	
21		26		4. FEI Number 39-0934921	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHSMITH, DUNCAN	1.2 NAME	
STREET ADDRESS	W5527 HIGHWAY 106	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT ATKINSON WI 53538	1.4 CITY-ST-ZIP	
TITLE	CTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGHSMITH, HUGH	2.2 NAME	
STREET ADDRESS	W5527 HIGHWAY 106	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT ATKINSON WI	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, PAUL R	3.2 NAME	
STREET ADDRESS	W5527 HIGHWAY 106	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT ATKINSON WI 53538	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDSON, STEVEN C	4.2 NAME	
STREET ADDRESS	W5527 HIGHWAY 106	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT ATKINSON WI	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, BILL	5.2 NAME	
STREET ADDRESS	W 5527 HIGHWAY 106	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT ATKINSON WI	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MISTELE, JOHN	6.2 NAME	
STREET ADDRESS	W 5527 HIGHWAY 106	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT ATKINSON WI	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: Steven C Hudson **1/31/99** **920 563 9571**

CR2E034 (11/98)