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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90125 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000002575

1. Corporation Name
HUF COR DURKEE INC.

Principal Place of Business
224 W. CENTRAL PKWY.
ALTAMONTE SPRINGS FL 32714

Mailing Address
224 W. CENTRAL PKWY.
ALTAMONTE SPRINGS FL 32714

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1998

4. FEI Number

59-3506041

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

2. Principal Place of Business

2a. Mailing Address

21 12695 Automobile Blvd. N

26 1301 Central Park Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 Clearwater, FL

28 Sanford, FL

Zip Country

Zip Country

24 34622 25

29 32771-6638 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 DP
NAME BORDEN, J. MICHAEL
STREET ADDRESS 2101 KENNEDY RD.
CITY-ST-ZIP JANESVILLE WI 53547

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

TITLE DV
NAME MICHALSKI, KENNETH J
STREET ADDRESS 2101 KENNEDY RD.
CITY-ST-ZIP JANESVILLE WI 53547

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

TITLE DST
NAME SCOTT, FRANK R
STREET ADDRESS 2101 KENNEDY RD.
CITY-ST-ZIP JANESVILLE WI 53547

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

TITLE DV
NAME MOONEY, JOHN B
STREET ADDRESS 224 W. CENTRAL PKWY.
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

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

TITLE D
NAME DURKEE, DAN
STREET ADDRESS 12695 AUTOMOBILE BLVD., N.
CITY-ST-ZIP CLEARWATER FL 34622

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

TITLE AS
NAME PELUSEK, FRANK J
STREET ADDRESS 100 E. WISCONSIN AVE., STE. 3300
CITY-ST-ZIP MILWAUKEE WI 53202-4108

6.1 TITLE
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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99

608-758-8203

CR2E034 (1/98)