

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P01215 (3)

1. Corporation Name

J.C. ZIMMERMAN ENGINEERING CORP.



Principal Place of Business

5200 WEST LOOMIS RD
GREENDALE WI 53129

Mailing Address

5200 WEST LOOMIS RD
GREENDALE WI 53129

3. Date Incorporated or Qualified
03/13/1984

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 607.1506, 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 of Registered Agent (Print Name and Title of Agent)

Signature of New Registered Agent (Print Name and Title of Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	ZIMMERMAN, JEREMY C.	
STREET ADDRESS	6306 S.E. OAKMONT PLACE	
CITY - ST - ZIP	STUART FL	
TITLE	P	☐ DELETE
NAME	SOBCZAK, ALLEN J.	
STREET ADDRESS	2939 S. 37TH ST.	
CITY - ST - ZIP	MILWAUKEE WI	
TITLE	AS	☐ DELETE
NAME	ZIMMERMAN, JOHN C.	
STREET ADDRESS	12955 GREEMOOR DRIVE	
CITY - ST - ZIP	ELM GROVE WI	
TITLE	V	☐ DELETE
NAME	PENSHORN, JOHN W.	
STREET ADDRESS	1823 NORTH DAVIES DRIVE	
CITY - ST - ZIP	OCONOMOWOC WI	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☒ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or power of attorney 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/2/96

(407) 286-9077

CR2E034 (12/95)