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Feb 14 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 # P10366 (3)

1. Corporation Name
HOMETOWN SHOPPER, INC.

Principal Place of Business
PO BOX 609
600 INDUSTRIAL DRIVE
WAUPACA WI 54981

Mailing Address
PO BOX 609
600 INDUSTRIAL DRIVE
WAUPACA WI 54981-8814



2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LYDON, JOYCE M.
1584 KINGSLEY AVE
ORANGE PK FL 32073

3. Date Incorporated or Qualified
06/09/1986

3a. Date of Last Report
02/07/1996

4. FEI Number
39-1170916

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

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 DC ☐ DELETE

NAME KAHLOR, ROBERT A.
STREET ADDRESS 33 W. STATE STREET
CITY-ST-ZIP MILWAUKEE WI 53203

TITLE DV ☐ DELETE

NAME SMITH, STEVEN J.
STREET ADDRESS 333 W. STATE STREET
CITY-ST-ZIP MILWAUKEE WI 53203

TITLE DP ☒ DELETE

NAME KARAVAKIS, THOMAS M.
STREET ADDRESS 600 INDUSTRIAL DRIVE
CITY-ST-ZIP WAUPACA FL 54981

TITLE DV ☐ DELETE

NAME HUHTA, STEPHEN O.
STREET ADDRESS 600 INDUSTRIAL DRIVE
CITY-ST-ZIP WAUPACA WI 54981

TITLE DVT ☒ DELETE

NAME GARSOMBKE, JAMES S.
STREET ADDRESS 600 INDUSTRIAL DRIVE
CITY-ST-ZIP WAUPACA WI 54981

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DP

D SRVP
GORDON R. LOWRY
3675 DOLSON CT.
CARROLL, OH 43120-0249

SEC
PAUL E. KRITZER
333 W. STATE ST.
MILWAUKEE, WI 53203

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:

Paul E. Kritzer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 414-224-2374
Date Daytime Phone

CR2E034 (9/96)