FILED Feb 26, 1999 8:00 am

Secretary of State

02-26-1999 90029 037 ***150.00

FILE 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

DOCUMENT # P10366

HOMETOWN SHOPPER, INC.

		•					i					
Principal Place of Business Mailing Address									44 11311 88188 11118	#111 # #111 #1##1		1811 61817 1991
600 INDUSTRIAL DRIVE P.O. BOX 609 WAUPACA WI 54981 WAUPACA WI 54981			31				DO NOT WRITE IN THIS SPACE					
								•	ated or Qualife	d,		
								<u>9/1986</u>	ĵ		1.7.	
2. Principal Place of Business 2a. Mailing Address							4. FEI N		_		}- -	plied For
21 26							39-1	17091	6			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.				5. Certif	cate of S	Status Desired		\$8.75 A Fee Re	
City & State City & Ste			ate				6. Electi	on Cam	oaign Financing	9 🗆	\$5.00	
23		28					Trust	Fund Co	ontribution		Added t	o Fees
Zip	Country	Zip		Country					on owes the cu	ırrent year Ir		}
24	9. Name and Address of Current	29	30	r					erty Tax.		Yes	□No
	81			10. Name	e and A	ddress of New	Registered	Agent				
TABOR, JOHN D					Name							
1564 KINGSLEY AVE				82	Street /	Address	(P.O. Bo	x Numb	er is Not Accer	otable)		
ORANGE PARK FL 32073				83					-			
·					City					FI	85 Zip C	Code
44.5		0.00000	namad	aarnam	tion cubr	ite this s	tatement for th			registered		
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.											gistered	
SIGNATURE								_		DATE		
	Signature, typed or printed name of registered agen		(NOTE, Regist	tered Agen	it signature r	dw beniupa			HANGES TO C		ND DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS		.1 TITLE			AUUIT	IONS/CI	TANGES TO C	JI I IOLITO F	K Change	[] Addition
TITLE	CD CMITH CTEVEN I			.1 IIILE .2 NAME								
NAME	SMITH, STEVEN J					222	u c		Street			
STREET ADDRESS	3338 W. STATE STREET					223	w. 5	tate	street			
CITY-ST-ZIP	MILWAUKEE WI 53203 VCD	Пре		4 CITY-ST	(-ZP		,	_				Addition
			:	2 NAME							•	_
NAME	KIEL, DOUGLAS G		B -		ADDRESS	222	u c	+ - + -	Street			
STREET ADDRESS	3333 W. STATE STREET			. 4 CITY-S		333	w. 5	Late	Street			
CITY-ST-ZIP	MILWAUKEE WI 53203 PD	□ DE		.1 TITLE	11-ZP						Change	☐ Addition
NAME	HUHTA, STEPHEN O		I -	2 NAME								
STREET ADDRESS	600 INDUSTRIAL DRIVE				ADORESS:							
	WAUPACA WI			4 CITY-S								
CITY-ST-ZIP	D WAUFACA WI	□ DE		I.1 TITLE	n-Ar						☐ Change	☐ Addition
NAME	LOWRY, GORDON R			. 2 NAME							_	
STREET ADDRESS	3675 DOLSON COURT				ADDRESS							
CITY-ST-ZIP	CARROLL OH 43112			4 CITY-ST								
CITT-ST-ZIF	CANDOLL OIT TO ITE		7	.4 0111-0	1-231							

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. CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP



KRITZER, PAUL E

333 W STATE ST

MILWAUKEE WI 53203

BONAIUTO, PAUL M

333 W. STATE ST

TITLE

NAME

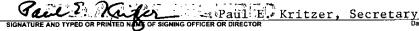
TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP



☐ DELETE

☐ DELETE

Change

Change

Addition

☐ Addition