

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 APR 17 PM 1:44

DOCUMENT # P21653 (1)

1. Corporation Name

A & B PROCESS SYSTEMS CORP.

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**528 NORTH STREET
STRATFORD WI 54484**

**528 NORTH STREET
STRATFORD WI 54484**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1988

3a. Date of Last Report

03/16/1994

2. Principal Place of Business

21 201 S. WISCONSIN AVE

2a. Mailing Address

26 PO BOX 86

4. FEI Number

39-1216094

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 STRATFORD WI

City & State

28 STRATFORD WI

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

24 54484-0086 25 MARATHON

Zip

Country

29 54484-0086 30 MARATHON

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 of corporation

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP
**PTD
HILGEMANN, ANTHONY J.
BALSAM ROAD
STRATFORD WI**

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP
**VSD
HILGEMANN, WILLIAM A.
BALSAM ROAD
STRATFORD WI**

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP
**V
FRODL, NANCY J.
HIGHWAY 153 EAST
STRATFORD WI**

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP
**VP
LINZMEIER, GLENN R
1100 N WALNUT
MARSHFIELD WI**

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP
**VP
GEHRKE, BRIAN K
410 N AUBURN AVE
MARSHFIELD WI**

TITLE
NAME
STREET ADDRESS
CITY ST. ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST. ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST. ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST. ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY ST. ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY ST. ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY ST. ZIP
☐ Change ☐ Addition

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 110.07(3)(b), 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:

Nancy J. Frodl
SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NANCY J. FRODL

4/10/95

715-687-4332