## 2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000000361

Entity Name: T.V. JOHN & SON, INC.

**Current Principal Place of Business:** 

5201 N. 124TH STREET

BUTLER. WI 53007

**Current Mailing Address:** 

5201 N. 124TH STREET BUTLER, WI 53007 US

FEI Number: 39-0866058 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**FILED** Apr 04, 2018

**Secretary of State** 

CC5889442632

Officer/Director Detail :

Title **TREASURER** Title DIRECTOR SCHLIDT, DAVID R Name Name TILL, BRIAN

5201 N. 124TH STREET Address Address 5201 N. 124TH STREET City-State-Zip: BUTLER WI 53007 BUTLER WI 53007 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name CARNAHAN, PATRICK W Name NELSON, TIMOTHY P Address 5201 N. 124TH STREET Address 5201 N. 124TH STREET BUTLER WI 53007 City-State-Zip: City-State-Zip: BUTLER WI 53007

Title DIRECTOR Title **DIRECTOR** 

Name MANNING, EDWARD T Name BACHMAN, THOMAS C Address 5201 N. 124TH STREET 5201 N. 124TH STREET Address

City-State-Zip: BUTLER WI 53007 BUTLER WI 53007 City-State-Zip:

Title **SECRETARY** Title CORPORATE COUNSEL

Name CARNAHAN, PATRICK W SIMON, SONYA K Name 5201 N. 124TH STREET Address 5201 N. 124TH STREET Address City-State-Zip: BUTLER WI 53007 BUTLER WI 53007 City-State-Zip:

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

04/04/2018 SIGNATURE: SONYA K SIMON CORPORATE COUNSEL

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title PRESIDENT

Name NELSON, TIMOTHY P
Address 5201 N. 124TH STREET

City-State-Zip: BUTLER WI 53007