FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED

DOCUMENT # **K60434** **(3)**

1. Current Name

WILLEY'S WHEELS, INC.

Principal Place of Business	Mailing Address
% DAVID C. ROBINSON 1326 S. RIDGEWOOD AVE. STE 6 DAYTONA BEACH FL 32114	% DAVID C. ROBINSON 1326 S. RIDGEWOOD AVE. STE 6 DAYTONA BEACH FL 32114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/19/1989**	3a. Date of Last Report: **04/12/1994**
4. FEI Number: **59-2945496**	☐ 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 USC, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBINSON, DAVID C. 1326 S. RIDGEWOOD AVE SUITE 6 DAYTONA BEACH FL 32114	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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if any)	
101	PD	111	☐ Change ☐ Addition
NAME	EMERSON, WILLIAM R.	112 NAME	
STREET ADDRESS	4712 MONTROSE AVENUE	113 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	114 CITY-ST-ZIP	
201	STD	211	☐ Change ☐ Addition
NAME	EMERSON, DEBRA	212 NAME	
STREET ADDRESS	4712 MONTROSE AVENUE	213 STREET ADDRESS	
CITY-ST-ZIP	PONCE INLET FL	214 CITY-ST-ZIP	
301		311	☐ Change ☐ Addition
NAME		312 NAME	
STREET ADDRESS		313 STREET ADDRESS	
CITY-ST-ZIP		314 CITY-ST-ZIP	
401		411	☐ Change ☐ Addition
NAME		412 NAME	
STREET ADDRESS		413 STREET ADDRESS	
CITY-ST-ZIP		414 CITY-ST-ZIP	
501		511	☐ Change ☐ Addition
NAME		512 NAME	
STREET ADDRESS		513 STREET ADDRESS	
CITY-ST-ZIP		514 CITY-ST-ZIP	
601		611	☐ Change ☐ Addition
NAME		612 NAME	
STREET ADDRESS		613 STREET ADDRESS	
CITY-ST-ZIP		614 CITY-ST-ZIP	

14. I, [illegible], certify that the information supplied with this filing is correct and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report complies with the applicable provisions of Florida Statutes. I am familiar with and accept the duties and responsibilities as 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 above, if applicable.

SIGNATURE: William Emerson 4-30-95 (904) 760-7792

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON OR OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

0007503 CP