

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K60434

(3)

1. Corporation Name

WILLEY'S WHEELS, INC.



Principal Place of Business

% DAVID C. ROBINSON
1326 S. RIDGEWOOD AVE. STE 6
DAYTONA BEACH FL 32114

Mailing Address

% DAVID C. ROBINSON
1326 S. RIDGEWOOD AVE. STE 6
DAYTONA BEACH FL 32114

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

ROBINSON, DAVID C.
1326 S. RIDGEWOOD AVE
SUITE 6
DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified

01/19/1989

3a. Date of Last Report

05/01/1995

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. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Numbers Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1305, 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 of Registered Agent (Print Name and Title)

Signature of Agent Submitting Report (Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME EMERSON, WILLIAM R.
STREET ADDRESS 4712 MONTROSE AVENUE
CITY-STATE-ZIP PONCE INLET FL

☐ DELETE

TITLE STD
NAME EMERSON, DEBRA
STREET ADDRESS 4712 MONTROSE AVENUE
CITY-STATE-ZIP PONCE INLET FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
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CITY-STATE-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is true and correct, and does not qualify for the exemption stated in Section 119.02(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or Supplemental Statement of Information 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 registered office or trustee empowered to execute this report and report filing, Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of changes; or on an attached list with an address.

SIGNATURE:

William R. Emerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)