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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733550

1. Corporation Name

FLORIDA FREEWHEELERS, INC.

Principal Place of Business

P.O. BOX 916524
LONGWOOD FL 32791-6524

Mailing Address

P.O. BOX 916524
LONGWOOD FL 32791-6524



2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

08/12/1975

4. FEI Number

59-3082836

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

9. Name and Address of Current Registered Agent

**PUNZAK, TOM
731 ADIDAS RD
WINTER PARK FL 32708**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **TD** ☐ DELETE
NAME **PUNZAK, TOM**
STREET ADDRESS **731 ADIDAS ROAD**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☐ DELETE
NAME **SWIGER, RON**
STREET ADDRESS **952 VERSAILIES CIRCLE**
CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **ED** ☐ DELETE
NAME **CHENEY, GEORGE**
STREET ADDRESS **102 STONEBRIDGE DR.**
CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE **P D** ☐ DELETE
NAME **HIRSCHMANN, MIKE**
STREET ADDRESS **896 OAK LEAF CT.**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☐ DELETE
NAME **MARTIN, BRUCE**
STREET ADDRESS **1126 GEORGIA BLVD.**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE **VP P** ☐ DELETE
NAME **ANDERSON, NILES**
STREET ADDRESS **344 FAIRGREEN PLACE**
CITY-ST-ZIP **CASSELBERRY FL 32707**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

4.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, 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.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-06-99 (407) 645-1201

CR2E037 (11/98)