

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 454380 (7)

1. Corporation Name

WHEELER REAL ESTATE OF VENICE, INC.



Principal Place of Business

216 SOUTH HARBOR DR
VENICE FL 34285

Mailing Address

216 SOUTH HARBOR DR
VENICE FL 34285

3. Date Incorporated or Qualified

06/07/1974

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FET Number

59-1540766

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

9. Name and Address of Current Registered Agent

LANGHAM, TERRANCE J
529 NEPONSIT DR.
VENICE FL 34293

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 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 this 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------|--|
| TITLE | PST | <input type="checkbox"/> DELETE |
| NAME | LANGHAM, TERRANCE J | |
| STREET ADDRESS | 529 NEPONSIT DR. | |
| CITY - ST - ZIP | VENICE FL | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | WHEELER, JACQUELINE M | |
| STREET ADDRESS | 1745 SCENIC DR. | |
| CITY - ST - ZIP | VENICE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|--|---|
| 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. NAME | |
| 1. STREET ADDRESS | |
| 1. CITY - ST - ZIP | |
| 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 2. STREET ADDRESS | |
| 2. CITY - ST - ZIP | |
| 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME | |
| 3. STREET ADDRESS | |
| 3. CITY - ST - ZIP | |
| 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME | |
| 4. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME | |
| 5. STREET ADDRESS | |
| 5. CITY - ST - ZIP | |
| 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 6. STREET ADDRESS | |
| 6. CITY - ST - ZIP | |
| 7. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 7. NAME | |
| 7. STREET ADDRESS | |
| 7. CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished. I do not qualify for the exemption stated in Section 119.07(3)(k), 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:

Terrance J. Langham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR FOR

4-30-96

Date

941-455-8866

Daytime Phone #

CR2E034 (12/95)