

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:18

DOCUMENT # 472659 (2)

1. Corporation Name
WHEELER, INC.

Principal Place of Business

2799 EUNICE AVE
ORLANDO FL 32808
US

Mailing Address

P.O. BOX 680189
ORLANDO FL 32868-0189
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/27/1975
3a. Date of Last Report 01/25/1994

4. FEI Number 59-1578805
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip Country

9. Name and Address of Current Registered Agent

COLLING, LEE JAY
500 PAN AMERICAN BANK BLDG.
ORLANDO FL 32801

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME WHEELER, HOMER B.
STREET ADDRESS 2008 VENETIAN WAY
CITY-ST-ZIP WINTER PARK FL

TITLE S
NAME WHEELER, NORMA T.
STREET ADDRESS 2008 VENETIAN WAY
CITY-ST-ZIP WINTER PARK FL

TITLE P
NAME WHEELER, SCOTT H.
STREET ADDRESS 45 CYPRESS LN.
CITY-ST-ZIP MAITLAND FL

TITLE VPT
NAME DAVIS, BONNIE W.
STREET ADDRESS 110 COVE COLONY RD.
CITY-ST-ZIP MAITLAND FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

WHEELER, SCOTT H
102 THISTLE LANE
MAITLAND FL 32751

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Bonnie W. Davis* *Bonnie W. Davis*

1-11-95

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