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 APR -4 PM 7:09

DOCUMENT # **613561** **(0)**

1. Corporation Name
WISSKELS, INC.

Principal Place of Business	Mailing Address
2419 CAROLINA AVE TAMPA FL 33629	2419 CAROLINA AVE TAMPA FL 33629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/20/1979**
3a. Date of Last Report: **01/19/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-1699457** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CENTER, DAN H
2419 CAROLINA AVE
TAMPA FL 33629

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSD	1.1 TITLE	☐ Change ☐ Addition
NAME	CENTER, DAN H.	1.2 NAME	
STREET ADDRESS	2419 CAROLINA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIS, MARY JO	2.2 NAME	
STREET ADDRESS	2210-B 51ST AVE., W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	☐ Change ☐ Addition
NAME	SHOEMAKER, JEAN	3.2 NAME	
STREET ADDRESS	3460 FLAMINGO AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	VPD	4.1 TITLE	☑ Change ☐ Addition
NAME	SLABACH, IRVING R.	4.2 NAME	
STREET ADDRESS	3639 ABERDEEN DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	CLUM, PAULINE	5.2 NAME	
STREET ADDRESS	7410 3RD AVE., N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	CENTER, DAN H	6.2 NAME	
STREET ADDRESS	2419 CAROLINA AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP	

JEAN

No longer Director or officer

SECRETARY/TREASURER/DIRECTOR

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dan H. Center 3-31-95 813-251-5546
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR — Date — Telephone Number

0901081 CP