

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 # 613561 (0)

1. Corporation Name

WISSKELS, INC.



Principal Place of Business

2419 CAROLINA AVE
TAMPA FL 33629

Mailing Address

2419 CAROLINA AVE
TAMPA FL 33629

3. Date Incorporated or Qualified

03/20/1979

3a. Date of Last Report

04/04/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-1899457

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

10. Name and Address of New Registered Agent

CENTER, DAN H
2419 CAROLINA AVE
TAMPA FL 33629

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 city, state, and zip)

(NOTE: Registered Agent Signature required when resubstituting)

Date

12. OFFICERS AND DIRECTORS

TITLE TSD
NAME CENTER, DAN H.
STREET ADDRESS 2419 CAROLINA AVE.
CITY-STATE-ZIP TAMPA FL

☐ DELETE

TITLE DS
NAME WILLIS, MARY JO
STREET ADDRESS 2210-B 51ST AVE., W.
CITY-STATE-ZIP BRADENTON, FL 00000

☒ DELETE

TITLE DP
NAME SHOEMAKER, JOHN W
STREET ADDRESS 3480 FLAMINGO AVE
CITY-STATE-ZIP SARASOTA, FL 00000

☐ DELETE

TITLE D
NAME CLUM, PAULINE
STREET ADDRESS 7410 3RD AVE., N.W.
CITY-STATE-ZIP BRADENTON FL

☒ DELETE

TITLE STD
NAME CENTER, DAN H
STREET ADDRESS 2419 CAROLINA AVE
CITY-STATE-ZIP TAMPA FL

☐ DELETE

TITLE DIRECTOR
NAME ROBERT E WILLIS JR
STREET ADDRESS 701 MANATEE AVE # 28
CITY-STATE-ZIP HOLMES BEACH, FL 34209

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

☐ Change ☐ Addition

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)(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:

Dan H. Center

DAN H. CENTER

4-17-96

813 251-5040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone

CR2E034 (12/95)