FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 696869

(7)

WHEELER CONSTRUCTION, INC.

Principal Place	ce of Business TO LK HWY	Mailing Address 3255 E GULF TO LK HWY			
P O BOX 310 P O BOX 310 INVERNESS FL 34452 INVERNESS FL 34451-0310			· ·		
US US	L 31132	US		3. Date Incorporated or Qualified 07/31/1981	3a. Date of Last Report 04/19/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 26 Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-2106375	Not Applicable
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
		28		Trust Fund Contribution	
Zip	Country	Zφ	Country	8. This corporation has liability for in	<u> </u>
24	25 9. Name and Address of Curren		30	Florida Statutes 10. Name and Address of New Reg.	Yes No
WH	EELER. JOHN F	Trogistation rigorit	81 Name	10. 110110 0110 1001	stored right
3255 E GULF TO LAKE HWY		82 Street Addre	dress (P.O. Box Number is Not Acceptable)		
INVERNESS FL 34452		52 Sirect Addre	ess (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					
SIGNATORIC	Signature, typed or printed name of registered again		Registered Agent signature require		DATE
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
TITLE NAME	WHEELER, JOHN F.	FT ferrete	1.1 TITLE 1.2 NAME		L Change L Aughiron
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		1.4 CITY-ST-ZIP		
TITLE	STD	DELETE	21 THILE		Change Addition
NAME	WHEELER, PEGGY		2.2 NAME		
STREET ADDRESS	3255 E GULF TO LAKE HWY		2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL	Полет	2. 4 CITY- ST-ZIP		05
TITLE NAME			3.1 THUE		Change Addition
		DELETE			/
CTREET ADDRESS	WHEELER, MARK F	LJ DELETE	3.2 NAME		
STREET ADDRESS O(TY-ST-ZIP		C) Deteil	3.2 NAME 3.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP TITLE	WHEELER, MARK F 3255 E GULF TO LAKE HWY INVERNESS FL VPD	DELETE	3.2 NAME		Change Addition
CITY-ST-ZIP	WHEELER, MARK F 3255 E GULF TO LAKE HWY INVERNESS FL VPD WHEELER, PAUL F	-	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP		Change Addition
CITY-ST-ZIP TITLE	WHEELER, MARK F 3255 E GULF TO LAKE HWY INVERNESS FL VPD WHEELER, PAUL F 3255 E GULF TO LAKE HWY	-	3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-S1-ZIP 4.1 TITLE		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHEELER, MARK F 3255 E GULF TO LAKE HWY INVERNESS FL VPD WHEELER, PAUL F	☐ OELETE	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		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	WHEELER, MARK F 3255 E GULF TO LAKE HWY INVERNESS FL VPD WHEELER, PAUL F 3255 E GULF TO LAKE HWY	-	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		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WHEELER, MARK F 3255 E GULF TO LAKE HWY INVERNESS FL VPD WHEELER, PAUL F 3255 E GULF TO LAKE HWY	☐ OELETE	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		

14. I do 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 empoyed of the 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 adverse.

6.3 STREFT ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

TITLE

NAME '

STREET ADDRESS

H. Jun 1

(30) 000 000

Change

Addition

FILED

Apr 21 1997 8:00am

Secretary of State