

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 696869 Corporation Name WHEELER CONSTRUCTION, INC.	(7)
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Principal Place of Business 3255 E GULF TO LK HWY P O BOX 310 INVERNESS FL 34452 US	Mailing Address 3255 E GULF TO LK HWY P O BOX 310 INVERNESS FL 34451-0310 US
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21 Principal Place of Business 22 Suite, Apt. #, etc. 23 City & State 24 Zip 25 Country	26 Mailing Address 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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3 Date Incorporated or Qualified 07/31/1981	31 Date of Last Report 04/19/1996
4 FEI Number 59-2106375	Applied For ☐ Not Applicable
5 Certificate of Status Desired ☐	\$8.75 Additional Fee Required
☐	\$5.00 May Be Added to Fees
6 This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

Name and Address of Current Registered Agent WHEELER, JOHN F 3255 E GULF TO LAKE HWY INVERNESS FL 34452
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Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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Pursuant to the provisions of sections 607.000 and 607.005, 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, hereby accept the appointment as registered agent, am familiar with, and accept the provisions of Section 607.005, Florida Statutes.

SIGNATURE _____

OFFICERS AND DIRECTORS			
TITLE PD NAME WHEELER, JOHN F. STREET ADDRESS 3255 E GULF TO LK HWY CITY-STATE-ZIP INVERNESS FL	☐ DELETE	1.1 NAME 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE STD NAME WHEELER, PEGGY STREET ADDRESS 3255 E GULF TO LAKE HWY CITY-STATE-ZIP INVERNESS FL	☐ DELETE	2.1 NAME 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE VPD NAME WHEELER, MARK F STREET ADDRESS 3255 E GULF TO LAKE HWY CITY-STATE-ZIP INVERNESS FL	☐ DELETE	3.1 NAME 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE VPD NAME WHEELER, PAUL F STREET ADDRESS 3255 E GULF TO LAKE HWY CITY-STATE-ZIP INVERNESS FL	☐ DELETE	4.1 NAME 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	5.1 NAME 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ DELETE	6.1 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP	☐ Change ☐ Addition

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 ***150.00

I do hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3), 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. I am an officer or director of the corporation, or the registered 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, on a statement with an address.

CR2E034 (9/96)