SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
Jun 18 1996 8:00 am
Secretary of State

DOCUMENT # **G42895** **(4)**

1. Corporation Name
WHEELED COACH INDUSTRIES, INC.

Principal Place of Business	Mailing Address
222 W. COMSTOCK AVE., SUITE 214 WINTER PARK FL 32792	222 W. COMSTOCK AVE., SUITE 214 WINTER PARK FL 32792

3. Date Incorporated or Qualified: 06/08/1983
3a. Date of Last Report: 01/26/1995

2. Principal Place of Business	2a. Mailing Address
21 2737 N. Forsyth Rd.	26 2737 N. Forsyth Rd.
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Winter Park Florida	City & State 28 Winter Park Florida
Zip 24 32792	Zip 29 32792
Country 25 U.S.A.	Country 30 U.S.A.

4. FEI Number: 59-2309315 ☐ 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

COLLINS, DON L
222 W. COMSTOCK AVE., SUITE 214
WINTER PARK FL 32789

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's signature required when not e-mailing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	11 TITLE	C D	☒ Change ☐ Addition
NAME	COLLINS, DON L.		12 NAME	DON L. COLLINS	Address
STREET ADDRESS	2737 FORSYTH RD		13 STREET ADDRESS	222 West Comstock Avenue Suite 214	
CITY-ST-ZIP	WINTER PARK FL		14 CITY-ST-ZIP	Winter Park, Florida 32789	
TITLE	VTD	☐ DELETE	21 TITLE	VTD	☒ Change ☐ Addition
NAME	COLLINS, DONALD LYNN		22 NAME	DONALD LYNN COLLINS	Address
STREET ADDRESS	2737 FORSYTH RD		23 STREET ADDRESS	421 East 30th Avenue	
CITY-ST-ZIP	WINTER PARK FL		24 CITY-ST-ZIP	Hutchinson, Kansas 67502	
TITLE	PD	☐ DELETE	31 TITLE	PD	☒ Change ☐ Addition
NAME	COLLINS, ROBERT J		32 NAME	Robert J. Collins	Address
STREET ADDRESS	2737 FORSYTH RD		33 STREET ADDRESS	2737 N. Forsyth	
CITY-ST-ZIP	WINTER PARK FL		34 CITY-ST-ZIP	Winter Park Florida 32792	
TITLE	SD	☐ DELETE	41 TITLE	SD	☐ Change ☐ Addition
NAME	EDIGER, LEWIS		42 NAME	LEWIS EDIGER	
STREET ADDRESS	2737 FORSYTH RD		43 STREET ADDRESS	421 East 30th Avenue	
CITY-ST-ZIP	WINTER PARK FL		44 CITY-ST-ZIP	Hutchinson, Kansas 67502	
TITLE	AS	☐ DELETE	51 TITLE	AS	☒ Change ☐ Addition
NAME	WAITS, JAMES		52 NAME	JAMES WAITS	Address
STREET ADDRESS	2737 FORSYTH RD		53 STREET ADDRESS	401 West 89th St.	
CITY-ST-ZIP	WINTER PARK FL		54 CITY-ST-ZIP	Kansas City, Missouri 64114	
TITLE		☐ DELETE	61 TITLE	V	☐ Change ☒ Addition
NAME			62 NAME	Wilson Jones	
STREET ADDRESS			63 STREET ADDRESS	2737 N. Forsyth Rd.	
CITY-ST-ZIP			64 CITY-ST-ZIP	Winter Park Florida 32792	

CR2E034 (3/96)

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

SIGNATURE: Don L. Collins Don L. Collins 6-12-96 407-629-1151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #