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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

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

1. Corporation Name
WHEELED COACH INDUSTRIES, INC.

Principal Place of Business	Mailing Address
2737 N FORSYTH RD WINTER PARK FL 32792 US	2737 N FORYSTH RD WINETER PARK FL 32792-6673 US

3. Date Incorporated or Qualified: 06/08/1983
3a. Date of Last Report: 06/18/1996

2. Principal Place of Business 21 ___ Suite, Apt. #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

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 ____________________ 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	CD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, DON L.		1.2 NAME	
STREET ADDRESS	222 WEST COMSTOCK AVE STE 214		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	
TITLE	VTD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, DONALD LYNN		2.2 NAME	
STREET ADDRESS	421 E 30TH AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	HUTCHINSON KA		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	COLLINS, ROBERT J		3.2 NAME	
STREET ADDRESS	2737 FORSYTH RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		3.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	EDIGER, LEWIS		4.2 NAME	
STREET ADDRESS	421 E 30TH AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	HUTCHINSON KA		4.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WAITS, JAMES		5.2 NAME	
STREET ADDRESS	401 W 89TH ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MI		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	JONES, WILSON		6.2 NAME	900002181189
STREET ADDRESS	2737 N FORSYTH RD		6.3 STREET ADDRESS	-05/16/97--01046--002
CITY-ST-ZIP	WINTER PARK FL		6.4 CITY-ST-ZIP	***165.00

CR2E034 (9/96)

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 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: ____________________ 4-25-97 316 663-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #