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

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
06/08/1983

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ 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, type 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	
STREET ADDRESS	2737 N FORSYTH RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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: _____ LEWIS W EDIGER Health (316) 663-5551