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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90167 009 ***150.00

| DOCUMENT | # (34289 | 5 |
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| Corporation Name | G | _ |
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WHEELED COACH INDUSTRIES, INC.

| Principal Place | e of Business | Mailing Address | | | | 1 (88)() 401 8)8() | L DIMBO IMITA FRIME SO | ., 61611 61611 61611 611 | |
|--|---|---|---|---|---------------|-----------------------------|----------------------------|----------------------------------|---|
| 2737 N FORSY | TH RD | 2737 N FORYSTH RD | | | | | | | |
| WINTER PARK | | WINETER PARK FL 32792 | | | | | | | |
| US | | US | | | | | NOT WRITE II | N THIS SPACE | |
| | | | | | | 3. Date Incorporated | or Qualifed | | |
| | | 1 - 14 11 - 11 11 | | | | 06/08/1983 4. FEI Number | | 11 | Applied For |
| <u> </u> | lace of Business | 2a, Mailing Address | | | | 59-2309315 | | H | Not Applicable |
| 21 | | Suite, Apt. #, etc. | | | | 39-23093 13 | | \$8.7 | 5 Additional |
| Suite, Apt. | #, etc. | | | | | 5. Certifcate of Status | Desired | | Required |
| City & Stat | | City & State | | | | 6. Election Campaign | Einancina | \$5.0 | 0 May Be |
| | e | 28 | | | | Trust Fund Contrib | I . | , | ed to Fees |
| Zip | Country | Zip | Coun | trv | | 8. This corporation ov | | | |
| 24 | 25 | 29 | 30 | ., | | Personal Property | | Yes | □No |
| 24 | 9. Name and Address of Curren | | 1301 | | | 10. Name and Addres | | stered Agent | |
| | 3. Name and Address S. Sarres. | <u></u> | 1 | B1 Na | me | | | | |
| COL | LINS, DON L | | | | | <u></u> | | | |
| | W. COMSTOCK AVE., SUITE 214 | 4 | | B2 Str | eet Addre | ss (P.O. Box Number is | Not Acceptable) | | į |
| | TER PARK FL 32789 | | l: | B3 | . | | _ | | |
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| İ | | | [- | 84 Cit | у | | | FL 85 2 | ip Code |
| 14 5 | to the provisions of Sections 607.050 | 22 and 607 1509 Elected Statu | itos the ah | ove-nar | ned como | ration submits this staten | nent for the pur | oose of changing | its registered |
| l office or r | registered agent, or both, in the State. | of Florida. Such change was a | authorized | by the c | corporation | s board of directors. The | ereby accept the | e appointment as | registered |
| agent. I a | m familiar with, and accept the obliga | ations of, Section 607.0505, Fl | orida Statut | es. | | | | | \ |
| SIGNATURE | | Wo. | 7 Decision of 4 | | | when reinstating) | | DATE | |
| 40 | Signature, typed or printed name of registered age | intano titie ir applicable. (NO i | E. Registered A | | | | | | |
| | OFFICERS AN | | 13 | .ge. 11 01g170 | | | SES TO OFFICE | RS AND DIREC | TORS IN 12 |
| 12. | | ND DIRECTORS | 13. | | 1 | ADDITIONS/CHANG | SES TO OFFICE | | |
| TITLE | CD | | 1.1 TITL | E | | | SES TO OFFICE | ERS AND DIREC | |
| TITLE NAME | CD COLLINS, DON L. | ND DIRECTORS | 1.1 TITL 1.2 NAA | E AE | | ADDITIONS/CHANG | | Chan | ge |
| TITLE NAME STREET ADDRESS | CD Collins, don L. 222 West Comstock Ave S | ND DIRECTORS | 1.1 TITL 1.2 NAA 1.3 STR | E ME EET ADOR | ESS 13 | ADDITIONS/CHANG | IG LAND | AVE Su | ge |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD COLLINS, DON L. 222 West Comstock ave s Winter Park Fl | ND DIRECTORS DELETE TE 244 | 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT | E ME EET ADDR Y-ST-ZIP | ESS 13 | ADDITIONS/CHANG | IG LAND | AVE Su | ge □ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | CD COLLINS, DON L. 222 WEST COMSTOCK AVE S' WINTER PARK FL VTD | ND DIRECTORS | 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL | E ME EET ADOR Y-ST-ZIP E | ESS 13 | ADDITIONS/CHANG | IG LAND | F∭Chan AVE Su 189 | ge □ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | CD COLLINS, DON L. 222 WEST COMSTOCK AVE S WINTER PARK FL VTD COLLINS, DONALD LYNN | ND DIRECTORS DELETE TE 244 | 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA | E ME ME ME METADOR Y-ST-ZIP ME | ESS 13 | ADDITIONS/CHANG | 164AND L 327 | FXChan AVE Su 189 ⊠Chan | ge □ Addition |
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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 changes or on an attaching twith an address, with all other like empowered.

6.4 CITY-ST-ZIP

(LEWIS VIDEOLGER) SIGNATURE:

WINTER PARK FL

CITY-ST-ZIP

CR2E034 (11/98)