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

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 # **G42895**

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

3. Date Incorporated or Qualifed: 06/08/1983

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 59-2309315 ☐ Applied For* ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ 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	157 E New ENGLAND AVE Suite 364	
CITY-ST-ZIP	WINTER PARK FL		1.4 CITY-ST-ZIP	Winter Park FL 32789	
TITLE	VTD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	COLLINS, DONALD LYNN		2.2 NAME		
STREET ADDRESS	~~421 E 30TH AVE~~ 15 compound Drive		2.3 STREET ADDRESS	15 compound Drive	
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~~ 15 Compound Drive		4.3 STREET ADDRESS	15 Compound Drive	
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 (11/98)

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, with all other like empowered.

SIGNATURE: Lewis W. Ediger (LEWIS W. EDIGER) 4/26/99 (316)663-5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #