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

DOCUMENT # J09923

WHEEL-MAN ENTERPRISES, I	NC.						
Principal Place of Business % WILLIAM M. OVERLOCK	Mailing Address % WILLIAM M. OVERLOCK						
306 COMMERCE COURT S.W. WINTER HAVEN FL 33880	306 COMMERCE COURT S.W. WINTER HAVEN FL 33880			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 04/18/1986			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 59-2668358				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			
City & State	Ch. 9 State						
Zip Country	Zip	Country 0	8. This corporation owes the current year Intangible Personal Property Tax.				
24 25	f Current Registered Agent	1		10. Name and Address of New Registered Agent			
	T Guriant Registered Figure	81	Name				
OVERLOCK, WILLIAM M. 17 TERA LANE			Street Address (P.O. Box Number is Not Acceptable)				
WINTER HAVEN FL 33880		83		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
		84	City	85			

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90100 017 ***150.00



Applied For Not Applicable \$8.75 Additional

Fee Required

\$5.00 May Be Added to Fees

Yes

WINTER HAVEN FL 33880		83				
		84	City		85 Zip Co	de
		-	•		FL	raistered
11. Pursuant to office or reagent. I ar	to the provisions of Sections 607.0502 and 607.1508, Florida Statute of State of Florida. Such change was au in familiar with, and accept the obligations of, Section 607.0505, Flori	s, the above thorized by ida Statutes	-named corporation	oration submits this statement for the purpo in's board of directors. I hereby accept the	se of changing his re appointment as regis	stered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Ager	t signature required		TE AND DIRECTOR	S IN 12
12.	OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	Change	Addition
TITLE	PD DELETE	1.1 TITLE		52 MUSY 3	Grange	
NAME	OVERLOCK, WILLIAM M.	1.2 NAME			,	
STREET ADDRESS	17 TERA LANE	1.3 STREE	T ADDRESS			1
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	D DELETE	2.1 TITLE			C. Cridings	
NAME	OVERLOCK, JUDITH K.	2.2 NAME		ζ.	•	. [
STREET ADDRESS	17 TERA LANE	2.3 STREE	TADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL	2. 4 CITY-	ST-ZIP		☐ Change	Addition
TITLE	DELETE	3.1 TITLE	1		C Outdo	
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREE	T ADDRESS		時刊學 網額蓋	
CITY-ST-ZIP	·曾孙 · · · · · · · · · · · · · · · · · ·	3.4. CITY-	ST-ZIP	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Change	Addition
TITLE	DELETE	4,1 TITLE	Ì	1 ,	e Contrago	1 (2)
NAME		4. 2 NAME		•		
STREET ADDRESS		4.3 STREE	ET ADDRESS			
CITY-ST-ZIP	. <u></u>	4.4 CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Change	
TITLE	DELETE	5.1 TITLE			Critingo	
NAME		5.2 NAME	,			}
STREET ADORESS			ET ADDRESS			
CITY-ST-ZIP	* \	5.4 CITY-			☐ Change	☐ Addition
TITLE	□ DELETE	6.1 TITLE				
NAME	, ,	6.2 NAME				
STREET ADDRESS		6.3 STRE	ET ADDRESS	•		
	1 13	6.4 CITY-	ST-ZIP	The state of the s	thor cortifu that the in	nformation
CITY-ST-ZIP	certify that the information supplied with this filing does not qualify for	or the exemp	otion stated in	Section 119.07(3)(i), Florida Statutes, i fur	de under oath; that	am an

I nereby certify that the information supplied with this liting does not quality for the exemption stated in Section 113.07(3)(1), Folial Statutes. I windle certify that I am are 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 are 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: