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FILED

May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L93814

(6)

1. Corporation Name

WILDWOOD CHROME SHOP, INC.

Principal Place of Business

4424 N US 301  
WILDWOOD FL 34785

Mailing Address

4424 N US 301  
WILDWOOD FL 34785-8383



3. Date Incorporated or Qualified  
08/16/1990

3a. Date of Last Report  
09/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-3022155

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

FARKUS, DEBBIE  
4424 N. US 301  
WILDWOOD FL 34785

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **Pres** ☐ DELETE  
NAME **FARKUS, DEBBIE**  
STREET ADDRESS **4424 N US 301**  
CITY-ST-ZIP **WILDWOOD FL 34785**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Kim Theige** ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Treas** ☐ Change ☐ Addition  
1.2 NAME **Shaun Farkus**  
1.3 STREET ADDRESS **4424 N US 301**  
1.4 CITY-ST-ZIP **Wildwood, Fla 34785**

2.1 TITLE **Vice** ☐ Change ☐ Addition  
2.2 NAME **William Farkus**  
2.3 STREET ADDRESS **4424 N US 301**  
2.4 CITY-ST-ZIP **Wildwood, Fla 34785**

3.1 TITLE **Treas** ☐ Change ☐ Addition  
3.2 NAME **William D. Farkus Jr**  
3.3 STREET ADDRESS **4424 N US 301**  
3.4 CITY-ST-ZIP **Wildwood, Fla 34785**

4.1 TITLE **Sec** ☐ Change ☐ Addition  
4.2 NAME **Kim Theige**  
4.3 STREET ADDRESS **P.O. Box 424 12215 CR 245 E**  
4.4 CITY-ST-ZIP **Oxford, Fla**

5.1 TITLE **Treas** ☐ Change ☐ Addition  
5.2 NAME **Lee Theige**  
5.3 STREET ADDRESS **12215 CR 245 E**  
5.4 CITY-ST-ZIP **Oxford, Fa**

6.1 TITLE **Sec** ☐ Change ☐ Addition  
6.2 NAME **Tori Farkus**  
6.3 STREET ADDRESS **4424 N US 301**  
6.4 CITY-ST-ZIP **Wildwood, Fla 34785**

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:

**Debbie Farkus**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-97

352 748 2337

Date

Daytime Phone #

CR2E034 (9/96)