FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL -7 AM 8:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N30616 (9)

1. Corporation Name
WIZARD'S OF RODS INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3521 SE 28 CT. OCALA FL 32671	3521 SE 28 CT. OCALA FL 32671

3. Date Incorporated or Qualified: 02/10/1989
3a. Date of Last Report: 04/15/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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: 34471 Country 25	Zip 29: 34471 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WINSTEL, NICKIE M 3521 SE 28TH CT OCALA FL 32671	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 34471

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Nickie M Winstel — 5-3-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	BREITENBECKER, DAVID	1.2 NAME	WINSTEL, NICKIE	
STREET ADDRESS	4080 NE 22ND AVE.	1.3 STREET ADDRESS	3521 SE 28th Ct	
CITY-ST-ZIP	OCALA FL 34479	1.4 CITY-ST-ZIP	Ocala, FL 34471	
TITLE	DVP	2.1 TITLE	DVP	☑ Change ☐ Addition
NAME	WINSTEL, NICKIE	2.2 NAME	KLUENIC, CHUCK	
STREET ADDRESS	3521 SE 28TH CT.	2.3 STREET ADDRESS	P.O. BOX 2365	
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	Belleview, Fl 32179	
TITLE	SD	3.1 TITLE	SD	☑ Change ☐ Addition
NAME	BATTEN, HARRY	3.2 NAME	PADDACK, VICKI	
STREET ADDRESS	705 SE 5TH ST.	3.3 STREET ADDRESS	17850 SE HWY 475	
CITY-ST-ZIP	OCALA FL 34471	3.4 CITY-ST-ZIP	SUMMERFIELD, Fl 34491	
TITLE	T	4.1 TITLE	T	☑ Change ☐ Addition
NAME	WINSTEL, THOMAS L	4.2 NAME	HARRINGTON, ED	
STREET ADDRESS	3521 SE 28TH CT.	4.3 STREET ADDRESS	P.O. BOX 123	
CITY-ST-ZIP	OCALA FL 34471	4.4 CITY-ST-ZIP	Sparr, Fl 3	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nickie M Winstel Nickie M Winstel PRES — 6-28-95 — 904-622-2725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0045212