

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # N30616 (9)

1. Corporation Name

WIZARD'S OF RODS INC.



Principal Place of Business

3521 SE 28 CT.
OCALA FL 34471
US

Mailing Address

3521 SE 28 CT.
OCALA FL 34471
US

2. Incorporated or Qualified
12/10/1989

3a. Date of Last Report
07/07/1995

3b. Number of Members
NOT APPLICABLE

Applied For
Not Applicable

2. Principal Place of Business

21 3521 S.E. 28 CT

2a. Mailing Address

26 P.O. BOX 2365

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23 OCALA, FL

City & State

28 Belleview, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24 34471

Country

25 MARION

Zip

28 34421

Country

30 MARION

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WINSTEL, NICKIE M
3521 SE 28TH CT
OCALA, FL 32871

10. Name and Address of New Registered Agent

81 Name Bob Miller
82 Street Address (P.O. Box Number is Not Acceptable)
801 Palm St
83
84 City Fruitland Park FL 85 Zip Code 34731

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

✓ Bob Miller

Bob Miller

DATE

4-20-96

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

(NOTE: Registered Agent signature required when re-installing)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WINSTEL, NICHIE	
STREET ADDRESS	3521 SE 28TH COURT	
CITY - ST - ZIP	OCALA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KLUENIE, CHUCK	
STREET ADDRESS	P. O. BOX 2385	
CITY - ST - ZIP	BELLEVIEW FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PADDACK, VICKI	
STREET ADDRESS	17850 SE HWY 475	
CITY - ST - ZIP	SUMMERFIELD FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HARRINGTON, ED	
STREET ADDRESS	P. O. BOX 123	
CITY - ST - ZIP	SPARR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bob Miller	
1.3 STREET ADDRESS	801 Palm St	
1.4 CITY - ST - ZIP	Fruitland Park, FL 34731	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fred Rice	
2.3 STREET ADDRESS	P.O. Box 92	
2.4 CITY - ST - ZIP	OCALA, FL 32179	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Patti Kluciw	
3.3 STREET ADDRESS	P.O. Box 2365	
3.4 CITY - ST - ZIP	Belleview, FL 34421	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SHARON Breitenbecker	
4.3 STREET ADDRESS	3140 N.E. 22nd Ave	
4.4 CITY - ST - ZIP	OCALA, FL 34479	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	40000192119	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-08/13/96--01182--022	
6.3 STREET ADDRESS	***61.25	
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)(k), 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: ✓ Bob Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bob Miller 4-20-96 352-629-3773

Date

Daytime Phone #

CR2E037 (12/95)