SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $325)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 8:26

DOCUMENT # **N38427** **(3)**

1. Corporation Name
GOOD WHEELS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% FRANK C. ALDERMAN, III 7941 MERCANTILE ST N FORT MYERS FL 33917	% FRANK C. ALDERMAN, III 7941 MERCANTILE ST N FORT MYERS FL 33917

3. Date Incorporated or Qualified: 06/01/1990
3a. Date of Last Report: 03/16/1994
4. FEI Number: 65-0192741 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Elector Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Deloris J. Sheridan	26 c/o Deloris J. Sheridan
Suite, Apt. #, etc. 22 10075 Bavaria Rd., S.E.	Suite, Apt. #, etc. 27 10075 Bavaria Rd., S.E.
City & State 23 Ft. Myers, Florida	City & State 28 Ft. Myers, Florida
Zip / County 24 33913 / 25 Lee	Zip / County 29 33913 / 30 Lee

9. Name and Address of Current Registered Agent

SHERIDAN, DELORIS J
77941 MERCANTILE ST.
N. FT. MYERS FL 33917

10. Name and Address of New Registered Agent

61 Name: Sheridan, Deloris J.
62 Street Address (P.O. Box Number is Not Acceptable): 10075 Bavaria Rd., S.E.
63
64 City: Ft. Myers FL 65 Zip Code: 33913

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 _____ 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	D		☒ Change ☐ Addition
NAME	BEEHLER, KATHY S.	11 TITLE / 12 NAME	Chairman Bashaw, Richard
STREET ADDRESS	41361 LITTLE FARM RD	13 STREET ADDRESS	P.O. Drawer 2217
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	Ft. Myers, FL
TITLE	DP		☒ Change ☐ Addition
NAME	ROGERS, HATTON S.	21 TITLE / 22 NAME	Vice-Chairman Nuckolls, Paul
STREET ADDRESS	1772 CORAL WAY	23 STREET ADDRESS	P.O. Box 2199
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	Ft. Myers, FL
TITLE	DT		☐ Change ☒ Addition
NAME	DUQUETTE, PATRICIA J	31 TITLE / 32 NAME	Secretary Chambers, Marian
STREET ADDRESS	NATIONS BANK S 41-13099 US 41 S.E.	33 STREET ADDRESS	17745 Port Boca Ct.
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	Ft. Myers, FL
TITLE	DS		☒ Change ☐ Addition
NAME	BYRD, RONALD N.	41 TITLE / 42 NAME	Director Berlin, Rosalie
STREET ADDRESS	208 SE 9TH TERR	43 STREET ADDRESS	504 N.E. 13th Ave.
CITY-ST-ZIP	CAPE CORAL FL	44 CITY-ST-ZIP	Cape Coral, FL
TITLE	D		☒ Change ☐ Addition
NAME	ECKLUND, HARRY	51 TITLE / 52 NAME	Director Scherer, David
STREET ADDRESS	3600 EVANS AVE	53 STREET ADDRESS	3607 SE 17th Ave.
CITY-ST-ZIP	FT. MYERS FL	54 CITY-ST-ZIP	Cape Coral, FL
TITLE	DV		☒ Change ☐ Addition
NAME	ELKINS, JACK	61 TITLE / 62 NAME	Director Dockery, Samuel
STREET ADDRESS	1560 WINKLER AVE	63 STREET ADDRESS	11922 Fairway Lakes Dr.
CITY-ST-ZIP	FT MYERS FL	64 CITY-ST-ZIP	Ft. Myers, FL

CR2E037 (3/95)

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: Deloris J. Sheridan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deloris J. Sheridan

Date: 6-13-95
Daytime Phone #: 941-768-2900

0014650

Good Wheels
Transportation for the Disabled and Disadvantaged

10075 Bavaria Road, S.E. • Fort Myers, Florida 33913
941/ 768-2900 Main • 941/ 768-6185 Dispatch • 941/ 768-6187 Fax • 800-741-1570 Glades & Hendry

N38427

13. Additions/Changes to Officers and Directors in 12.

7.1	Title:	Director	☒ Change	☐ Addition
7.2	Name:	Sloan, Brian		
7.3	Street Address:	909 Del Prado Blvd.		
7.4	City-St-Zip	Cape Coral, FL		