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

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N49958** **(4)**

1. Corporation Name

WHEEL & RIM INSTITUTE OF SAFETY, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5121 BOWDEN ROAD SUITE 303 JACKSONVILLE FL 32216	5121 BOWDEN ROAD SUITE 303 JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 07/07/1992
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-3141651 ☐ 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
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 § 199.032, Florida Statutes ☐ Yes ☐ No

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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LEWIS, BRYAN W.
5121 BOWDEN RD
SUITE 303
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name: Volpe, Angelo
82 Street Address (P.O. Box Number is Not Acceptable): 5121 Bowden Rd.
83: Suite 303
84 City: Jacksonville **FL** 85 Zip Code: 32216

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: Angelo Volpe — Angelo Volpe, T/S/D — 4/28/95
(Signature, typed or printed name of registered agent and title, if applicable) (If not a Registered Agent, signature required when necessary) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	RAYMOND, PHIL	12 NAME	
STREET ADDRESS	52 WRIGHT AVENUE	13 STREET ADDRESS	
CITY ST ZIP	DARTMOUTH, CANADA	14 CITY ST ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	TULEY, RICHARD	22 NAME	
STREET ADDRESS	4000 COLLINS RD.	23 STREET ADDRESS	2501 Woodlake Cir.
CITY ST ZIP	LANSING MI	24 CITY ST ZIP	Okemos, MI 48864
TITLE	D	31 TITLE	PD ☒ Change ☐ Addition
NAME	HENSLEY, DALLAS	32 NAME	
STREET ADDRESS	8740 CARPENTER FREEWAY	33 STREET ADDRESS	
CITY ST ZIP	DALLAS TX	34 CITY ST ZIP	
TITLE	PD	41 TITLE	D ☒ Change ☐ Addition
NAME	HURLEY, DAVID	42 NAME	Tom Schilling
STREET ADDRESS	290 NO. BEACON ST	43 STREET ADDRESS	1419 4th Ave.
CITY ST ZIP	BOSTON MA	44 CITY ST ZIP	Tampa, FL 33605
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, BRAD	52 NAME	
STREET ADDRESS	2315 ADAMS ROAD	53 STREET ADDRESS	
CITY ST ZIP	HENDERSON KY	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PERKIN, FRANK	62 NAME	
STREET ADDRESS	3155 W. BIG BEAVER RD.	63 STREET ADDRESS	
CITY ST ZIP	TROY MI	64 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: Angelo Volpe — 4/28/95 — 904/737-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0025607