

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N49958 (4)

1. Corporation Name

WHEEL & RIM INSTITUTE OF SAFETY, INC.



Principal Place of Business

Mailing Address

5121 BOWDEN ROAD
SUITE 303
JACKSONVILLE FL 32216

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SUITE 303
JACKSONVILLE FL 32216

3. Date Incorporated or Qualified
07/07/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3141651

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

VOLPE, ANGELO
5121 BOWDEN RD.
SUITE 303
JACKSONVILLE FL 32216

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 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

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 D
NAME RAYMOND, PHIL
STREET ADDRESS 52 WRIGHT AVENUE
CITY-ST-ZIP DARTMOUTH, CANADA
☒ DELETE

1.1 TITLE D
1.2 NAME Michael P. Swain
1.3 STREET ADDRESS 1600 Harvard Av.
1.4 CITY-ST-ZIP BARBERTON, OH 44203 44105
☐ Change ☒ Addition

TITLE D
NAME TULEY, RICHARD
STREET ADDRESS 2501 WOODLAKE CIR.
CITY-ST-ZIP OKEMOS MI
☒ DELETE 5/24

2.1 TITLE D
2.2 NAME James Harsha
2.3 STREET ADDRESS 2501 Woodlake Cir
2.4 CITY-ST-ZIP OKemos, MI
☒ Change ☐ Addition
TO NAME ONLY 5/24

TITLE PD
NAME HENSLEY, DALLAS
STREET ADDRESS 8740 CARPENTER FREEWAY
CITY-ST-ZIP DALLAS TX
☐ DELETE

3.1 TITLE D
3.2 NAME Tim McGee
3.3 STREET ADDRESS 34755 Halstead Rd
3.4 CITY-ST-ZIP Farmington Hills, MI 48335-1672
☐ Change ☒ Addition

TITLE D
NAME SCHILLING, TOM
STREET ADDRESS 1419 4TH AVE.
CITY-ST-ZIP TAMPA FL
☐ DELETE

4.1 TITLE D
4.2 NAME Angelo Volpe
4.3 STREET ADDRESS 5121 Bowden Rd., # 303
4.4 CITY-ST-ZIP Jacksonville, FL 32216
☐ Change ☒ Addition

TITLE D
NAME SCHULTZ, BRAD
STREET ADDRESS 2315 ADAMS ROAD
CITY-ST-ZIP HENDERSON KY
☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS 500001865545
5.4 CITY-ST-ZIP -06/18/96--01118--009
☐ Change ☐ Addition

TITLE D
NAME PERKIN, FRANK
STREET ADDRESS 3155 W. BIG BEAVER RD.
CITY-ST-ZIP TROY MI
☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition
5/1/22

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

904/737-2900

Daytime Phone #

CR2E037 (12/95)