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May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N49958** (4)

1. Corporation Name

WHEEL & RIM INSTITUTE OF SAFETY, INC.

Principal Place of Business

**5121 BOWDEN ROAD
SUITE 303
JACKSONVILLE FL 32216**

Mailing Address

**5121 BOWDEN ROAD
SUITE 303
JACKSONVILLE FL 32216**



3. Date Incorporated or Qualified

07/07/1992

4. FEI Number

59-3141651

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE **D** ☒ DELETE

NAME **MC GEE, TIM**
STREET ADDRESS **38481 HURON RIVER DR.**
CITY-ST-ZIP **ROMULUS MI**

TITLE **D** ☐ DELETE

NAME **WHELAN, DENNIS**
STREET ADDRESS **1200 FIRESTONE PKWY**
CITY-ST-ZIP **AKRON OH**

TITLE **D** ☐ DELETE

NAME **MATLOCK, OTIS**
STREET ADDRESS **1600 HARVARD AVE.**
CITY-ST-ZIP **CLEVELAND OH**

TITLE **DP** ☐ DELETE

NAME **SCHILLING, TOM**
STREET ADDRESS **1419 4TH AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ DELETE

NAME **MORROW, RICK**
STREET ADDRESS **200 S. CAMERON ST.**
CITY-ST-ZIP **HARRISBURG PA**

TITLE **ST** ☐ DELETE

NAME **VOLPE, ANGELO**
STREET ADDRESS **5121 BOWDEN RD., #303**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **Larry Taylor**
1.3 STREET ADDRESS **2315 Adams Ln**
1.4 CITY-ST-ZIP **Henderson, KY 42420**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-98

Date

904-737-2900

Daytime Phone # 0006631

CR2E037 (10/97)