

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P12880 (1)

1. Corporation Name

NATIONAL WHEEL AND RIM ASSOCIATION INC.

Principal Place of Business

Mailing Address

5121 BOWDEN ROAD, SUITE 303
JACKSONVILLE FL 32216-2950

5121 BOWDEN ROAD, SUITE 303
JACKSONVILLE FL 32216-2950



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/13/1987

3a. Date of Last Report

07/19/1995

4. FEI Number

42-0761277

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

BARBOUR, JEPHTA F.
1200 GULF LIFE DRIVE
800 SOUTHEAST BANK BUILDING
JACKSONVILLE FL 32207

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 DV
NAME SCHILLING, TOM
STREET ADDRESS 1419 9TH AVENUE
CITY-ST-ZIP TAMPA FL

TITLE P
NAME HENSLEY, DALLAS
STREET ADDRESS 8740 CARPENTER FRWY
CITY-ST-ZIP DALLAS TX

TITLE T
NAME MCCOY, DENNIS
STREET ADDRESS 14820-112 AVENUE
CITY-ST-ZIP EDMONTON AL

TITLE D
NAME HARRIS, BOB
STREET ADDRESS 5075 E 74 AVE
CITY-ST-ZIP COMMERCE CITY CO

TITLE P
NAME HURLEY, DAVE
STREET ADDRESS 290 NORTH BEACON STREET
CITY-ST-ZIP BOSTON MA

TITLE D
NAME COUSINS, JOHN
STREET ADDRESS 2500 KENNEDY STR NE
CITY-ST-ZIP MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S
1.2 NAME Angelo Volpe
1.3 STREET ADDRESS 5121 Bowden Rd. # 303
1.4 CITY-ST-ZIP Jacksonville FL 32216

2.1 TITLE D
2.2 NAME Mike Callison
2.3 STREET ADDRESS 1436 E Ouid Ave
2.4 CITY-ST-ZIP Des Moines, IA 50316

3.1 TITLE D
3.2 NAME Dave Robblee
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D
4.2 NAME Larry DiSano
4.3 STREET ADDRESS 1550 Gage Rd
4.4 CITY-ST-ZIP Montebello, CA 90640

5.1 TITLE D
5.2 NAME Tom Stewart
5.3 STREET ADDRESS 301 N. Smith St.
5.4 CITY-ST-ZIP Charlotte, NC 28230

6.1 TITLE D
6.2 NAME Michael Henderson
6.3 STREET ADDRESS 1825 S. 300 West
6.4 CITY-ST-ZIP Salt Lake City, UT 84115

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)