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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

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

3. Date Incorporated or Qualified: 01/13/1987

4. FEI Number: 42-0761277 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

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. 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

BARBOUR, JEPTHA F.
1200 GULF LIFE DRIVE
600 SOUTHEAST BANK BUILDING
JACKSONVILLE FL 32207

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 _____ 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	DP	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SCHILLING, TOM		1.2 NAME	BAUER, LARRY	
STREET ADDRESS	1419 9TH AVENUE		1.3 STREET ADDRESS	900 S. 7th ST.	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	LOUISVILLE, KY 40203	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MORROW, RICHARD		2.2 NAME	WILLIS, DAVID	
STREET ADDRESS	200 S. CAMERON ST		2.3 STREET ADDRESS	1211 68th ST.	
CITY-ST-ZIP	HARRISBURG PA		2.4 CITY-ST-ZIP	BALTIMORE, MD 21237	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	FICK, DEBRA		3.2 NAME	HENDERSON, MICHAEL	
STREET ADDRESS	1011 S. MAIN ST.		3.3 STREET ADDRESS	1825 S. 300 WEST	
CITY-ST-ZIP	SOUTH BEND IN		3.4 CITY-ST-ZIP	SALT LAKE CITY, UT 84115	
TITLE	S	☐ DELETE	4.1 TITLE	DT	☐ Change ☒ Addition
NAME	VOLPE, ANGELO		4.2 NAME	RAYMOND, PAUL	
STREET ADDRESS	5121 BOWDEN RD #303		4.3 STREET ADDRESS	52 WRIGHT AVE.	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	DARTMOUTH, NS, CANADA	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CALLISON, MIKE		5.2 NAME	ROBBLEE, J. DAVID	
STREET ADDRESS	1436 E OVID AVE		5.3 STREET ADDRESS	11010 PACIFIC HWY. S.	
CITY-ST-ZIP	DES MOINES IA		5.4 CITY-ST-ZIP	SEATTLE, WA 98168	
TITLE	DT	☐ DELETE	6.1 TITLE	DVP	☒ Change ☐ Addition
NAME	DISANO, LARRY		6.2 NAME	DiSano, Larry	
STREET ADDRESS	1550 GAGE RD		6.3 STREET ADDRESS	(same)	
CITY-ST-ZIP	MONTEBELLO CA		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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 4-28-98 904-737-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0005533