FILE NOW: FILING FEE AFTER MAY 1 IS $2[illegible]5.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT [illegible] STATE
Sandra B. Mort[illegible]
Secretary of St[illegible]
DIVISION OF CORPO[illegible]TIONS

FILED
Aug 22, 1996 08:00 AM
Secretary of State

DOCUMENT # **P93000085382 (8)**

1. Corporation Name
TRIWHEELER, INC.

Principal Place of Business
1207 S[redacted]E DR.
INDIAN HARBOR BEACH FL 32937
US

Mailing Address
3890 BURTON RD
VALKARIA FL 32950

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 02/24/1995
4. FEI Number: 59-3213581 ☐ 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

2. Principal Place of Business
21 1207 Bay Dr E
Suite, Apt. #, etc.
22 Indian Harbor Beach
City & State
23 FL. 32937
Zip 24 — Country 25

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

9. **Name and Address of Current Registered Agent**
JOHNSON, ROBERT V
1492 AVOCADO AVE
MELBOURNE FL 32935

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 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 ______
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	DS	☐ DELETE
NAME	LEWIS, ROGER	
STREET ADDRESS	1207 SEMINOLE DR	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	DP	☐ DELETE
NAME	LEWIS, MICHELE E	
STREET ADDRESS	1207 SEMINOLE DR	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	
TITLE	DT	☐ DELETE
NAME	VANDERJAGT, DONNA	
STREET ADDRESS	2890 BURTON RD	
CITY-ST-ZIP	VALKARIA FL 32950	
TITLE	DV	☐ DELETE
NAME	VANDERJAGT, STEVE	
STREET ADDRESS	3890 BURTON RD	
CITY-ST-ZIP	VALKARIA FL 32950	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	1207 Bay Dr E	
1.4 CITY-ST-ZIP	I. H. B. FL. 32937.	
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	1207 Bay Dr E	
2.4 CITY-ST-ZIP	I. H. B. FL. 32937	
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished an[illegible]es 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 repor[illegible]ue 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 empow[illegible] to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michele Lewis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR[illegible]TOR — Date 8/16/96 — Daytime Phone # 407-773-4427