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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000085382

1 Corporation Name TRIWHEELER, INC.

Principal Place of Business 1207 BAY DR E INDIAN HARBOR FL 32937

CITY-ST-ZIP

Mailing Address

3890 BURTON RD VALKARIA FL 32950

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90092 011 ***150 00



DO NOT WRITE IN THIS SPACE US 3. Date Incorporated or Qualifed 12/10/1993 4. FEI Number Applied For 2a. Mailing Address Principal Place HIRHWH 59-3213581 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc П UTE # 1 5. Certifcate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City 4) tate Added to Fees Trust Fund Contribution 28 Country Zip 8. This corporation owes the current year Intangible Zip ZNo ☐ Yes 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name JOHNSON, ROBERT V Street Address (P.O. Box Number is Not Acceptable) 1492 AVOCADO AVE **MELBOURNE FL 32935** 83 AHT9 Zip Code ЯA City 85 347B 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 (NOTE: Registered Agent signature regu Signature, typed or printed name of registered agent and title if applicable CR2E034.(11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition □ DELETE 1.1 TITLE TITLE LEWIS, ROGER 1.2 NAME NAME 1207 BAY DR E 1.3 STREET ADDRESS STREET ADDRESS INDIAN HARBOR FL 1.4 CITY-ST-ZIP CITY-ST-ZIP - Addition ☐ Change -☐ DELETE 2.1 TITLE TITS F LEWIS. MICHELE E 2.2 NAME NAME 1207 BAY DR E 2.3 STREET ADDRESS STREET ADDRESS INDIAN HARBOR FL 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ DELETE 3.1 TITLE TITLE VANDERJAGT, DONNA 3.2 NAME NAME 2890 BURTON RD 3.3 STREET ADDRESS STREET ADDRESS VALKARIA FL 32950 3.4. CITY-ST-ZIP CITY-ST-ZIP __ Addition ☐ DELETE ☐1 Change D۷ 4.1 TITLE TITLE VANDERJAGT, STEVE 4.2 NAME NAME 3890 BURTON RD 4.3 STREET ADDRESS STREET ADDRESS VALKARIA FL 32950 4.4 CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ DELETE 5.1 TITLE 74°, 74 % TITLE 5.2 NAME NAME 5.3 STREET ADDRESS . . . STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP