FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATIÓN ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

P93000086253 (0)

Corporation Name

TILL THE WHEELS COME OFF, INC.



3a. Date of Last Report 04/12/1995

3. Date Incorporated or Qualified 12/13/1993

Principal Place of Business							
3000 INDEPENDENT SOUARE							
JACKSONVILLE FL 32209							

Mailing Address

P.O. BOX 59 JACKSONVILLE FL 32201

2. Principal Place	of Business	2a. Mailing Address			4. FEI Number			opplied For
21		26			59-3221678			iot Applicable
Sute, Apt. #, ∈ 22	Zip Country Zip				5. Certificate of Status Desired			Additional Required
City & State					Election Campaign Financing Trust Fund Contribution			May Be I to Fees
23] Zip				Country 8. This corporation has liability for intangible tax under s 199.032 Florida Statutes Yes No				199.032,
24	25 9. Name and Address of Current R	29	[30]		10. Name and Address of New I		Agent	
	9. Name and Address of Current H	egistered Agent	81	Namo	10.			
MCCORMICK, NORMA W 3000 INDEPENDENT SQUARE JACKSONVILLE FL 32209				82 Street Address (P.O. Box Number is Not Acceptable)				
				83				
			84	1 '		F		o Code
or registered familiar with,	the provisions of Sections 607.0502 are agent, or both, in the State of Florida and accept the obligations of, Section	Such change was author 607,0505, Florida Statuti	nzea by the corp	ooration's boa	ru or greators. Thoraby accept the app	pointment a	as registered	agent. I am
	OFFICERS AND [13.		ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTO	RS IN 12
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C.19 - S1 - 7 P			6.4 CITY	-ST-ZIP				

14. If 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 cally; that I am an officer or director of the corporation or the receiver or trustee empowered 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:

SIGNATURE AND TYPED OR NRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Of Significant Control of Signing Officer of Director Control of Significant Control of

R2E034 (12/95)