

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000086253 (0)**

1. Corporation Name  
**TILL THE WHEELS COME OFF, INC.**



Principal Place of Business: **3000 INDEPENDENT SQUARE JACKSONVILLE FL 32209**  
Mailing Address: **P.O. BOX 59 JACKSONVILLE FL 32201**

3. Date Incorporated or Qualified: **12/13/1993**  
3a. Date of Last Report: **04/12/1995**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields for current and new registered agents.  
4. FEI Number: **59-3221678**  
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

9. Name and Address of Current Registered Agent: **MCCORMICK, NORMA W, 3000 INDEPENDENT SQUARE, JACKSONVILLE FL 32209**  
10. Name and Address of New Registered Agent (81-85):  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> DELETE  | 1 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ALLEN, DON W</b>                       | 1 2 NAME  |   |
| STREET ADDRESS             | <b>1218 SO HARBOR CITY BLVD</b>           | 1 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>MELBOURNE FL</b>                       | 1 4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>V</b> <input type="checkbox"/> DELETE  | 2 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FUSILLO, PAUL F JR</b>                 | 2 2 NAME  |   |
| STREET ADDRESS             | <b>1416 SO HARBOR CITY BLVD</b>           | 2 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>MELBOURNE FL</b>                       | 2 4 CITY - ST - ZIP                                   |   |
| TITLE                      | <b>SD</b> <input type="checkbox"/> DELETE | 3 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FUSILLO, DULCIE A</b>                  | 3 2 NAME  |   |
| STREET ADDRESS             | <b>1416 SO HARBOR CITY BLVD</b>           | 3 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>MELBOURNE FL</b>                       | 3 4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 4 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 4 2 NAME  |   |
| STREET ADDRESS             |   | 4 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 4 4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 5 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 5 2 NAME  |   |
| STREET ADDRESS             |   | 5 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 5 4 CITY - ST - ZIP                                   |   |
| TITLE                      | <input type="checkbox"/> DELETE           | 6 1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |   | 6 2 NAME  |   |
| STREET ADDRESS             |   | 6 3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |   | 6 4 CITY - ST - ZIP                                   |   |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Dulcie Ann Fusillo, Sec. Paulie Ann Fusillo, Sec. 2-15-96*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)