

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

03/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-3221678

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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 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 P ☐ DELETE
NAME ALLEN, DON W
STREET ADDRESS 1218 SO HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL

TITLE V ☐ DELETE
NAME FUSILLO, PAUL F JR
STREET ADDRESS 1416 SO HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL

TITLE SD ☐ DELETE
NAME FUSILLO, DULCIE A
STREET ADDRESS 1416 SO HARBOR CITY BLVD
CITY-ST-ZIP MELBOURNE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
1.4 CITY-ST-ZIP

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME FUSILLO, PAUL F JR
2.3 STREET ADDRESS 440 S. HARBOR CITY BLVD.
2.4 CITY-ST-ZIP MELBOURNE, FL 32901

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME FUSILLO, DULCIE A
3.3 STREET ADDRESS 440 S. HARBOR CITY BLVD.
3.4 CITY-ST-ZIP MELBOURNE, FL 32901

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

14. I do 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 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 A Fusillo, S/D
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dulcie A Fusillo, S/D

3/28/97

407 723 2941

Date

Daytime Phone #