

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

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1993

4. FEI Number

59-3221678

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 owes or has paid the current year Intangible
Personal Property Tax due June 30, ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

JAMISON-JOHNSON, GEORGIETTE
ONE INDEPENDENT DR., SUITE 3000
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

WATKINS, HALEY

82 Street Address (P.O. Box Number is Not Acceptable)

ONE INDEPENDENT SQUARE, SUITE 3000

83

84 City

JACKSONVILLE

FL

85 Zip Code
32202

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

Haley A. Watkins
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/14/98
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 440 S. HARBOR CITY BLVD.
CITY-ST-ZIP MELBOURNE FL

TITLE SD ☐ DELETE
NAME FUSILLO, DULCIE A
STREET ADDRESS 440 S. 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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

14. I 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 Ann Fusillo

DULCIE ANN FUSILLO, SD 4-10-98 103-722-2041

CR2E034 (10/97)