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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

C-13 51-76

SIGNATURE:

P94000088571 (2)

WHEELER'S HOME IMPROVEMENTS, INC.

Principal Place of Business Mading Address 5458 COTWATER LANE 8. 7730 LYNCHBURG CT. WEST JACKSONVILLE FL 32277 JACKSONVILLE FL 32277-1037 3. Date Incorporated or Qualified 3a. Date of Last Report 07/19/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 5458 Cut water In. 26 Not Applicable Suite, Apl. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & Stale 6. Election Campaign Financing \$5.00 May Be 23 Jacksoville, Florida Trust Fund Contribution 28 Added to Fees Z_{00} Country 6. This corporation has liability for intangible tax under s. 199.032, No K 29 30 Florida Statutes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WHEELER, SUZANNE B Street Address (P.O. Box Number is Not Acceptable) 5458 CUTWATER LANE S. 82 JACKSONVILLE FL 32277 83 84 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 if am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registerial agent and toolf applicable INOTE. Registered Agent signature required when reinstatings 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (6) HILL DELETE 1.1 TITLE Change NAM 1.2 NAME WHELLER, SUZANNE B. STREET ADDRESS 1.3 STREET ADDRESS 5458 CUTWATER LANE S. City St-zir 1.4 CITY - ST - ZIP JACKSONVILLE FL 32277. DELETE THE 2.1 TITLE Change Addition NAME 22 NAME SUBJECT ADDRESS 2.3 STREET ADDRESS 2.4 CITY - ST-ZIP DELETE TOTAL 3.1 TITLE Change Addition | NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CUTY-ST ZIP 3.4. CHTY-ST-ZIP DELETE THEF 4.1 TITLE Change Addition NAME 4.2 NAME STREET ASSURESS 4.3 STREET ADDRESS OH: - ST- 7P 4.4 CITY-ST-ZIP DELETE THE 5.1 TITLE Change Addition NAME 52 NAME STHEET ALBERTS 5.3 STREET ADDRESS Citir - ST - 7iP 5.4 CHTY-ST-ZIP DELETE THUE 6.1 TITLE ☐ Change Addition 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Winder 5 James Winder 4-23.97 004.743-005

14. Too 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

appears in Block 12 or Block 13 if changed, or on an attachment with an address