

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

FILED  
May 04 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 # P97000073158 (2)

1. Corporation Name

WHEEL REINVENTION, INC.

Principal Place of Business

Mailing Address

5892 JET PORT INDUSTRIAL BLVD.  
TAMPA FL 33634-5171

5892 JET PORT INDUSTRIAL BLVD.  
TAMPA FL 33634-5171



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/22/1997

4. FEI Number

59-3465166

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

2a. Mailing Address

21 858 CHANNELSIDE DRIVE  
Suite, Apt. #, etc.

26 858 CHANNELSIDE DRIVE  
Suite, Apt. #, etc.

22 City & State

27 City & State

23 TAMPA, FL

28 TAMPA, FL

24 Zip

Country

29 Zip

Country

25 33602

25 USA

29 33602

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOOD, ROBERT L  
5892 JET PORT INDUSTRIAL BLVD.  
TAMPA FL 33634-5171

81 Name

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

858 CHANNELSIDE DRIVE

83

84 City

TAMPA

FL

85 Zip Code

33602

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME DAVIS, GLENN  
STREET ADDRESS 5892 JET PORT INDUSTRIAL BLVD.  
CITY-ST-ZIP TAMPA FL 33634-5171

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

858 CHANNELSIDE DRIVE  
TAMPA, FL 33602

TITLE D ☐ DELETE

NAME GOOD, ROBERT L  
STREET ADDRESS 5892 JET PORT INDUSTRIAL BLVD.  
CITY-ST-ZIP TAMPA FL 33634-5171

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

858 CHANNELSIDE DRIVE  
TAMPA FL 33602

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D.P.  
DAVID RODMOND  
2514 PROSPECT RD.  
TAMPA, FL 33629

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D.V.T.S.  
RICHARD TURGENSMAYER  
2403 STOVALL  
TAMPA, FL 33629

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

D  
RICHARD ROBERSON  
1330 PRESERVATION WAY  
OLDSMAR, FL 34677

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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

Signature

Signature

Signature

Signature

CR2E034 (1097)