

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000001587

1. Corporation Name

STEVEN MARK WHEELER, P.A.

Principal Place of Business

995 STATE ROAD 434
SUITE 308
ALTAMONTE SPRINGS FL 32714

Mailing Address

995 STATE ROAD 434
SUITE 308
ALTAMONTE SPRINGS FL 32714

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90018 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/07/1998

4. FEI Number

59-3486072

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WHEELER, STEVEN M
995 STATE ROAD 434
SUITE 308
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name STEVEN M. WHEELER, P.A.
82 Street Address (P.O. Box Number is Not Acceptable) : #238
83
84 City ALTAMONTE SPRINGS, FL 85 Zip Code 32701

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

Steven M. Wheeler P.A.

STEVEN M. WHEELER P.A. AS FOR PRESIDENT 1/25/99

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 D
NAME WHEELER, STEVEN M
STREET ADDRESS P.O. BOX 94735T
CITY-ST-ZIP LONGWOOD FL 32791

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME STEVEN M. WHEELER
1.3 STREET ADDRESS 570 CRANES WAY #238
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

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, with all other like empowered.

SIGNATURE:

Steven M. Wheeler P.A.

STEVEN M. WHEELER P.A. 1/25/99 407-682-0333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)