

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
Secretary of State
BUREAU OF CORPORATIONS

APPROVED
AND
FILED

95 FEB 23 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V50350

(0)

1. Corporation Name

RECONDITIONING UNLIMITED BY WOLF, INC.

Principal Place of Business

9397 116TH AVENUE NORTH
LARGO FL 34643-4640

Mailing Address

9397 116TH AVENUE NORTH
LARGO FL 34643-4640

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/06/1992

3a. Date of Last Report

05/17/1994

4. FEI Number

59-3134965

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MAYORGA, JULIO E.
9261 SEMINOLE BLVD., N
SEMINOLE FL 34642

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 of Registered Agent (Required when changing)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE

D

12.2 NAME

SCHUSSER, WOLFGANG A.
9397 116TH AVENUE N
LARGO FL

12.3 STREET ADDRESS

12.4 CITY - ST - ZIP

12.5 TITLE

D

12.6 NAME

SCHUSSER, MARIANNE
9397 116TH AVENUE N
LARGO FL

12.7 STREET ADDRESS

12.8 CITY - ST - ZIP

12.9 TITLE

D

12.10 NAME

SCHUSSER, YVONNE
9397 116TH AVENUE N
LARGO FL

12.11 STREET ADDRESS

12.12 CITY - ST - ZIP

12.13 TITLE

D

12.14 NAME

SCHUSSER, THOMAS
9897 116TH AVE. N.
LARGO FL

12.15 STREET ADDRESS

12.16 CITY - ST - ZIP

12.17 TITLE

12.18 NAME

12.19 STREET ADDRESS

12.20 CITY - ST - ZIP

12.21 TITLE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE

☐ Change ☐ Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE

☐ Change ☐ Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE

☐ Change ☐ Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE

☐ Change ☐ Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE

☐ Change ☐ Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE

☐ Change ☐ Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY - ST - ZIP

14. I, the undersigned, certify that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of this corporation or the recorder 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 only on additions.

SIGNATURE:

SIGNATURE, AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

YVONNE SCHUSSER

SECRETARY

FEB 23, 1995 8:33 397-6891

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