

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 193932 (1)
1. Corporation Name
FLEETWING CORPORATION



Principal Place of Business: 742 S COMBEE ROAD, PO BOX 22, LAKELAND FL 33802
Mailing Address: 742 S COMBEE ROAD, PO BOX 22, LAKELAND FL 33802

3. Date Incorporated or Qualified: 06/18/1956
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-0775191
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: SMITH, E. B., 742 SOUTH COMBEE RD., LAKELAND FL 33801
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: PD	RICKETTS, DAVID A. 742 S COMBEE RD LAKELAND FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD	SMITH, E B 742 S COMBEE RD LAKELAND FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD	ELSBERRY, W.R. 742 S COMBEE RD LAKELAND FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AST	SMITH, NATALIE E. 742 S COMBEE RD LAKELAND FL	4.1 TITLE	AST D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	SMITH, NATALIE E. 742 S COMBEE RD LAKELAND FL	5.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D	SMITH, C.P. 742 S COMBEE RD LAKELAND FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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]* President Date: (941) 665-7557 Day, time Phone #

CR2E034 (12/95)