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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 193932

1. Corporation Name

FLEETWING CORPORATION

							AL uu alaan kan gaala e	ANDER BURNE			
Principal Place of Business Mailing Address					1						
742 S COMBEE ROAD 742 S COMBEE ROAD											
PO BOX 22 LAKELAND FL 33802		PO BOX 22 Lakeland FL 33802				DO NOT WRITE IN THIS SPACE					
						 Date Incorporated or Qual 06/18/1956 	ifed				
2. Principal Pl	lace of Business	2a. Mailing Address			-	4. FEI Number			Applie	ed For	
21		26	•	•		59-0775191			Not A	pplicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desire	ed 🗹	\$8.75 Additional Fee Required			
22		27	City & State								
City & State		28 28				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees					
Zip Country		Zip Country			8. This corporation owes the current year Intangible						
24 25 29		29 3	30			Personal Property Tax.					
1	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of N	ew Registered	Agent			
0.11			81	Name		,					
SMITH, E. B.			82	Street	eet Address (P.O. Box Number is Not Acceptable)				-		
	SOUTH COMBEE RD.		02	Jucer	Addiess	1 (1 :0: Box (tallibo: 15 trot) to	, op. (30.0)				
LAKE	ELAND FL 33801		83								
	•	-	-	0.1				105	Zip Cod		
			84	City		FL 85 Zip Coo				10	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	the above	e-named	corpora	ation submits this statement for	r the purpose of	changing	its rec	gistered	
office or r	enistered agent or both in the Stat	te of Florida. Such change was autigations of, Section 607.0505, Florid	norizea dv	the corb	oration's	s board of directors. I hereby a	iccept the appoi	intment a	s regisi	terea	
	III lamillar with, and accept the obii	galloria or, occitor dor local, richa	70 01010101	•							
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: R	tegistered Ager	nt signature	required wt	hen reinstating)	DATE	-			
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				3 IN 12			
TITLE	DELETE 1.1T		1.1 TITLE				•	[]] Char	nge	☐ Addition	
NAME	RICKETTS, DAVID A. 121		1.2 NAME	1.2 NAME							
STREET ADDRESS	740 0 COMPET DD		1.3 STREET ADDRESS		.						
CITY-ST-ZIP	LAKELAND EL			1.4 CITY-ST-ZIP							
TITLE				2.1 TITLE				☐ Char	nge	☐ Addition	
NAME			2.2 NAME								
STREET ADDRESS	740 0 00MOFF DD		23 STREE	2.3 STREET ADDRESS							
CITY-ST-ZIP	LANCE AND CO			2, 4 CITY-ST-ZIP							
TITLE			3.1 TITLE		+			Char	nge	Addition	
NAME			3.2 NAME			•				i	
				3.3 STREET ADDRESS							
STREET ADDRESS	LAVELAND EL			3.4, CITY-ST-ZIP					•		
CITY-ST-ZIP			4.1 TITLE	51-ZIP	 			X Char	nge	Addition	
TITLE	CURRAN, NATALIE E	- Deterie	4.1 HEE		Cur	rran, Natalie 17 Holleman		_	•		
NAME		•			141	17 Holleman	Drive	_			
STREET ADDRESS	3811 CARDENAL AVE			T ADDRESS		Irico, FL 3	3594				
CITY-ST-ZIP	RUSKIN FL 33573			T-ZIP	va	11100, 1-1 3	<u> </u>	☐ Char		Addition	
TITLE	,-		5.1 TITLE					, Criai	≀y c	☐ Audition	
NAME	omitti, vizetett ittotev		5.2 NAME	oo	.	, ,		•			
STREET ADDRESS	742 S COMBEE RD	_		TADDRESS	'		`				
CITY-ST-ZIP	LAKELAND FL		5.4 C/TY-S	T-ZIP	$oldsymbol{ol}}}}}}}}}}}}}}}}}$	No oto					

14. I hereby certify that the information supplied with this floor on the 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 floar it 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 or the redering of the corporation of the redering of the redering of the redering of the redering

6.3 STREET ADDRESS

SIGNATURE:

MCGINNIS, CECILIA

3625 ALCOT WAY

TITLE

NAME

STREET ADDRESS

REQUIREDavid A. Ricketts

3/18/99 941-665-7557