

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB 20 AM 11:13**

**DOCUMENT # N01011 (8)**

1. Corporation Name  
**WING DING SPORTS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**8 PEAKES FAIRPOINT PO BOX 1096 GULF BREEZE FL 32562**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/20/1984** 3a. Date of Last Report **02/08/1994**  
4. FEI Number **59-2916606** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RIGGS, JR., ROBERT  
1407 W. GARDEN STREET  
PENSACOLA FL 32501**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b>
NAME	<b>RIGGS, BOBBY</b>
STREET ADDRESS	<b>1407 W GARDEN ST.</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>V</b>
NAME	<b>HOLFIELD, JIM</b>
STREET ADDRESS	<b>3741 MACKAY COVE DR.</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>T</b>
NAME	<b>HOMMELAND, HAROLD</b>
STREET ADDRESS	<b>708 S. "G" ST</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>D</b>
NAME	<b>REINSCHMIDT, DUTCH</b>
STREET ADDRESS	<b>#7 PEAKES FAIRPOINT</b>
CITY - ST - ZIP	<b>GULF BREEZE FL</b>
TITLE	<b>D</b>
NAME	<b>CLELAND, COOK</b>
STREET ADDRESS	<b>294 SEVERIN DR</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>
TITLE	<b>S</b>
NAME	<b>BERCIER, DR. CHARLES H JR.</b>
STREET ADDRESS	<b>5111 PRIETO DR.</b>
CITY - ST - ZIP	<b>PENSACOLA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an affidavit as an address.

SIGNATURE: **Robert B. Riggs, Jr.** **BOBBY RIGGS** **ROBERT B. RIGGS, JR.** **1/19/95** **904 432-8376**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 3, 1995

WING DING SPORTS ASSOCIATION, INC.  
8 PEAKES FAIRPOINT  
PO BOX 1096  
GULF BREEZE, FL 32562

SUBJECT: WING DING SPORTS ASSOCIATION, INC.  
Ref. Number: N01011

Please be advised, we have received your Annual Report; however, the document **has not been filed** and is being returned for the following:

The fee to file the enclosed annual report is \$130.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Annual Report Section at (904) 487-6056.

Thank you,

Kathy Hyman  
ANNUAL\_REPORT Section

Letter number: 695A00004759