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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01011

1. Corporation Name
WING DING SPORTS ASSOCIATION, INC.

Principal Place of Business 8 PEAKES FAIRPOINT PO BOX 1096 GULF BREEZE FL 32562	Mailing Address 8 PEAKES FAIRPOINT PO BOX 1096 GULF BREEZE FL 32562
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604646-90001-41



2. Principal Place of Business 21 1407 W. Garden St. Suite, Apt. #, etc. 22 City & State 23 Pensacola, FL Zip Country 24 32501 25 Escambia	2a. Mailing Address 26 PO Box 771 Suite, Apt. #, etc. 27 City & State 28 Pensacola, FL Zip Country 29 32594-0771 30 Escambia	3. Date Incorporated or Qualified 01/20/1984	4. FEI Number 59-2916606 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 85 Zip Code
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P RIGGS, BOBBY 1407 W GARDEN ST. PENSACOLA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGS, BOBBY	1.2 NAME	
STREET ADDRESS	1407 W GARDEN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	V HOLIFIELD, JIM 3741 MACKAY COVE DR. PENSACOLA FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLIFIELD, JIM	2.2 NAME	
STREET ADDRESS	3741 MACKAY COVE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	T HOMMELAND, HAROLD 708 S. "G" ST PENSACOLA FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOMMELAND, HAROLD	3.2 NAME	D Dan Kelley
STREET ADDRESS	708 S. "G" ST	3.3 STREET ADDRESS	1444 College Park Way
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	Gulf Breeze, FL 32561
TITLE	D REINSCHMIDT, DUTCH #7 PEAKES FAIRPOINT GULF BREEZE FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSCHMIDT, DUTCH	4.2 NAME	
STREET ADDRESS	#7 PEAKES FAIRPOINT	4.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL	4.4 CITY-ST-ZIP	
TITLE	D CLELAND, COOK 294 SEVERIN DR PENSACOLA FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLELAND, COOK	5.2 NAME	
STREET ADDRESS	294 SEVERIN DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	S BERCIER, DR. CHARLES H JR. 5111 PRIETO DR. PENSACOLA FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERCIER, DR. CHARLES H JR.	6.2 NAME	
STREET ADDRESS	5111 PRIETO DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	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)(l), 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 617, 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: *Bobby Riggs* **SIGNATURE REQUIRED** Bobby Riggs, President 7/29/99 850 432 8376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)