

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 723949

**Entity Name:** WING SOUTH, INC.

**Current Principal Place of Business:**

4130 SKYWAY DRIVE  
NAPLES, FL 34112

**Current Mailing Address:**

COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E.  
NAPLES, FL 34113 US

**FEI Number:** 59-2528568

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HART, STEPHEN P  
COLLIER FINANCIAL, INC  
4985 TAMIAMI TRAIL E.  
NAPLES, FL 34113 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP  
Name LYTLE, RICHARD  
Address 3892 SKYWAY DRIVE  
City-State-Zip: NAPLES FL 34112

Title TREASURER  
Name LEROY, TOM  
Address 3965 SKYWAY DRIVE  
City-State-Zip: NAPLES FL 34112

Title DIRECTOR  
Name DALEY, ANNE  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

Title PRESIDENT  
Name FOGLE, NEIL  
Address C/O COLLIER FINANCIAL, INC  
4985 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

Title SECRETARY  
Name DALEY, ANNE  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** NEIL FOGLE

**PRESIDENT**

**04/25/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date