

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 193932

**Entity Name:** FLEETWING CORPORATION

**Current Principal Place of Business:**

742 S COMBEE ROAD  
LAKELAND, FL 33801

**FILED**  
**Mar 03, 2014**  
**Secretary of State**  
**CC5454208687**

**Current Mailing Address:**

PO BOX 22  
LAKELAND, FL 33802 US

**FEI Number:** 59-0775191

**Certificate of Status Desired:** No

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

RICKETTS, DAVID A  
742 SOUTH COMBEE RD.  
LAKELAND, FL 33801 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 PD  
Name RICKETTS, DAVID A  
Address 742 S COMBEE RD  
City-State-Zip: LAKELAND FL 33801

Title STD  
Name ELSBERRY, W R  
Address 742 S COMBEE RD  
City-State-Zip: LAKELAND FL 33801

Title D  
Name BLALOCK, RALPH  
Address 409 EUNICE RD  
City-State-Zip: LAKELAND FL 33803

Title VD  
Name SMITH, WALTER ANDREW  
Address 742 S COMBEE RD  
City-State-Zip: LAKELAND FL 33801

Title D  
Name MCGINNIS, CECILIA  
Address 1804 COLLINS LN  
City-State-Zip: LAKELAND FL 33801

Title D  
Name COWART, WILLIAM P  
Address 3914 US HWY 301 N STE 200  
City-State-Zip: TAMPA FL 33619

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID A. RICKETTS

**PRESIDENT**

**03/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date