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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # N42775 (9)

1. Corporation Name
SILVER WINGS REACT, INC.

600001395506
-02/01/95--01070--003
DO NOT WRITE IN THIS SPACE ******61.25

Principal Place of Business	Mailing Address
1001 WINTON AVE PENSACOLA FL 32507	1001 WINTON AVE PENSACOLA FL 32507

3. Date Incorporated or Qualified: 03/28/1991
3a. Date of Last Report: 11/07/1994
4. FEI Number: 59-3012525 ☐ Applied For ☐ Not Applicable
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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

9. Name and Address of Current Registered Agent

SMITH, JENNIE K.
7 SULU DR
PENSACOLA FL 32507

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 _____ 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	D	1.1 TITLE	D DEBRA HAMILTON ☒ Change ☐ Addition
NAME	CROOKE, CAROL	1.2 NAME	
STREET ADDRESS	46 BEGGS LN	1.3 STREET ADDRESS	1714 W. LAKEVIEW AVE.
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	PENSACOLA, FLORIDA 32501
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, JIMMIE SR	2.2 NAME	
STREET ADDRESS	1001 WINTON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D KIMBERLY SCOTT ☒ Change ☐ Addition
NAME	COBURN, KAY	3.2 NAME	
STREET ADDRESS	610 CITRUS AVE	3.3 STREET ADDRESS	1001 WINTON AVE.
CITY-ST-ZIP	PENSACOLA FL	3.4 CITY-ST-ZIP	PENSACOLA, FL. 32507
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	POWELL, BETTY	4.2 NAME	
STREET ADDRESS	1001 WINTON AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	V LINDA BOYER ☒ Change ☐ Addition
NAME	FORSYTHE, CHARLENE	5.2 NAME	
STREET ADDRESS	908 N. 77TH AVE.	5.3 STREET ADDRESS	208 TIXTON AVE,
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JENNIE K.	6.2 NAME	
STREET ADDRESS	7 SULU DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	RC

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)(i), 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.

SIGNATURE: Jennie K. Smith (Secretary) 1/24/1995 (904)455-8058
SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Jennie K. Smith

0071819