

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N42775** (9)

1. Corporation Name  
**SILVER WINGS REACT, INC.**



Principal Place of Business  
**1001 WINTON AVE  
PENSACOLA FL 32507**

Mailing Address  
**1001 WINTON AVE  
PENSACOLA FL 32507**

3. Date Incorporated or Qualified **03/28/1991** 3a. Date of Last Report **01/31/1995**

2. Principal Place of Business  
21 **1712 W. AVERY ST.**

2a. Mailing Address  
26 **1712 W. AVERY ST.**

4. FEI Number **59-3012525** Applied For Not Applicable

22 Suite, Apt. #, etc.  
23 **PENSACOLA, FLORIDA**

27 Suite, Apt. #, etc.  
28 **PENSACOLA, FLORIDA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 **32501** 25 Country  
29 **32501** 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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) **ROBERT L 30402**  
83 **-03/04/96--01034--010**  
84 City **FL** 85 Zip Code **\*\*\*70.00**

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 **JENNIE K. SMITH SECRETARY/TREASURER Jennie K. Smith** DATE **1/24/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DEBRA HAMILTON</b>	
STREET ADDRESS	<b>1714 W. LAKEVIEW AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL 32501</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>POWELL, JIMMIE SR</b>	
STREET ADDRESS	<b>1001 WINTON AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KIMBERY SCOTT</b>	
STREET ADDRESS	<b>1001 WINTON AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>POWELL, BETTY</b>	
STREET ADDRESS	<b>1001 WINTON AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LINDA BOYER</b>	
STREET ADDRESS	<b>2058 TIFTON AVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, JENNIE K.</b>	
STREET ADDRESS	<b>7 SULU DR</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	<b>CHARLES CARNIEY</b>	
13 STREET ADDRESS	<b>1712 W. AVERY ST. (EXECUTIVE BOARD member)</b>	
14 CITY-ST-ZIP	<b>PENSACOLA, FL 32501</b>	
21 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	<b>ERSKINE BELK</b>	
23 STREET ADDRESS	<b>404 FOREST PARK DR.</b>	
24 CITY-ST-ZIP	<b>PENSACOLA, FL 32504</b>	
31 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	<b>HELEN COLEMAN</b>	
33 STREET ADDRESS	<b>1050 W. 9 YAMILE RD.</b>	
34 CITY-ST-ZIP	<b>PENSACOLA, FL 32534</b>	
41 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<b>CARNIEY, BETTY</b>	
43 STREET ADDRESS	<b>1712 W. AVERY ST.</b>	
44 CITY-ST-ZIP	<b>PENSACOLA, FL 32501</b>	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<b>N/A</b>	
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	<b>S</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>SAME</b>	
63 STREET ADDRESS		
64 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 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 - S/T (JENNIE K. SMITH)** DATE: **1/24/1996** (904) 455-8058

CR2E037 (12/95)