## FFF IC CC4 OF

	FILE N	JM: LILING	G FEE 13 301	1.20						
CORPO	NPROFIT ORATION AL REPORT <b>996</b>		Ei	B Northam ary of State	<b>*</b>					
DOCUM 1. Corporation N	MENT #	N42775	(9)							
•	Name <b>WINGS REA</b> (	CT, INC.						IIII Alau ara	) Bjejt dien dien	Bible inne
Principal Place of			Mailing Address	_		- / - / - / - / - / - / - / - / - / - /				
1001 WINTON AVE PENSACODA FL 32507			1001 WHITON AVE PENSACOLA FL 32507				atod c= O = re =	30.5	'e of Lord Da	ort
·						3. Date Incorpora 03/28/1	ared or Qualified	Ja. Da	ate of Last Rep 01/31/1995	5
2. Principal Plac			2a. Mailing Address	7150.	. 47	4. FEI Number 59-3012	2525		<u> </u>	lied For Applicable
Suite, Apt. #,	W.AVER		26 / 7/2 (c). H Suite, Apt. #, etc.	,-cky	<u>،) بر</u>	5. Certificate of 5			\$8.75 Ad	dditional
22			27 City & State	<del></del>		6. Election Camp			Fee Req \$5.00 M	
City & State 23 PENSA		larion	City & State 28 PENSACOIA	Flok	eion	Trust Fund Co	ontribution		Added to	Fees
Zip		Country	Zıp	Cou			ion has liability for in	intangible ta	ax under s. 19. <sup>1</sup> No	9.032,
24 3250	25 25 25 25	Address of Current Re	29 3 250   Registered Agent	[30]	Γ	Florida Statute	es Address of New Re			
	y, Name and	Address of Current h	B ENGILL	·	81 Name					
SMITH, JE	ENNIE K.			1	82 Street A	Address (P.O. Pex Nymb	MS Not Adden ab	904	02	
7 SULU D	DR				B3		'04/96010	<del>3340</del>	\ <del>10</del> —	
PENSACO	OLA FL 32507				<u></u>	***7	U.UU		85 Zip C	ode
					84 City		_	FL	_   -	
11. Pursuant to	o the provisions of	of Sections 617.0502 an	nd 617.1508, Florida Statut	tes, the abo	ove-named cor	rporation submits this sta	atement for the pur	rpose of cha pintment as	nanging its regi registered an	istered office pent. I am
or registere familiar with	ed agent, or both, th, and accept the	e obligations of, Section	617,0503, Florida Statutes	es.	2				6/96	
CICMATURE .	TENENIS	K. SmiTH ted name of registered agent and	SECREVARYTE		d Agent so alure rec	equired when reinstating)	<i>u</i> >	DATE		
12.	organisme typed or prin	of the officers of the officer	DIRECTORS	13.		ADOLLIONS:#	CHANGES TO OFF	FICERS AND	D DIRECTOR:	S IN 12
TITLE	D		DELETE		TIFLE	CHARIES CA	PRNIEY_	· lour	CUTIVE	
NAME	DEBRA HAN				NAME STREET ADDRESS	Charles CA 1712 W. A.	very >1.	EXE	memb.	ere JE
STREET ADDRESS	1714 W. LAI PENSACOL	IKEVIEW AVE A FL 32501			CITY-ST-ZIP	PENSACOIA,	F1. 3250	<u> </u>		
CITY - ST - ZIP TITLE	D	. , _ 05001	DELETE	2.1 7	- <b>-</b> 1	EXECUTIVE	Beard mem	ber	Change	Addition
NAME	POWELL, JI				NAME	ERSKINE BE 404 FOREST	PARK DR.			
STREET ADDRESS	1001 WINT	ON AVE			STREET ADDRESS	PENSARAID EI	1.32506			
CITY-ST-ZIP	PENSACOL D	ATL	DELETE		TITLE	PENSACOLA, FI	ored memb	rek.	Change ~	Addition
TITLE NAME	KIMBERY S	·cοπ		32	NAME	HEIEN COLE	MANI Omile Rd			]
STREET ADDRESS	1001 WINT	ON AVE			STREET ADORESS	PENEDAMA T	1. 200 211	,		
CITY-ST-ZIP	PENSACOL	A FL	DELETE		1 CITY-ST-ZIE 1 TITLE	PENSAWIA, F PRESIDENT	<u></u>		Change	Addition
TITLE	POWELL B	YETTY	FINEFELF		1 TITLE 2 NAME	CARNICY, E	3E174	•	, . •••	
NAME STREET ADDRESS	4004 100017				2 NAME 3 STREET ADDRESS	1712 W. AVE	FRYST.			
STREET ADDRESS CITY-ST-ZIP	PENSACOL			44	4 CITY - ST - ZIP	PENSACOIA,	F1.3250	<b></b>	Change	Addition
TITLE	V		DELETE		1 TITLE 2 NAME	,	3		□ ⇔range	ELL FROMUUT
NAME	LINDA BOY				2 NAME 3 STREET ADDRESS	X/A	/			
STREET ADDRESS	2058 TIFTO PENSACOL			5.4	4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	S	1 =	DELETE	61	TITLE 6	Samo			☐ Change	Addition
NAME	SMITH, JEI			6.2	2 NAME	Y"," ~			> 1	1
STREET ADDRESS	7 SULU DE	R			3 STREET ADDRESS				3	1
	I PENSACOI	1 A F.		E A	4 CITY - ST - ZIP	1				

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 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 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 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 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 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 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 certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if further certified in the cert