


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90061 016 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N42775</b>					
1. Corporation Name <b>SILVER WINGS REACT, INC.</b>					
Principal Place of Business 1712 W. AVERY ST. PENSACOLA FL 32501			Mailing Address 1712 W. AVERY ST. PENSACOLA FL 32501		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/28/1991</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3012525</b>	
22 City & State		27 City & State		Applied For <input type="checkbox"/> Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30			
9. Name and Address of Current Registered Agent <b>SCOTT, KIMBERLY K 1003 WINTON AVE PENSACOLA FL 32507</b>				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code <b>FL</b>	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNLEY, CHARLES	1.2 NAME	
STREET ADDRESS	1712 W. AVERY ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32501	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLUM, VIVIAN	2.2 NAME	
STREET ADDRESS	2009 N. ROBERTS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32534	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRISPIN, JOHN	3.2 NAME	CRISPIN, John
STREET ADDRESS	5 AUBERIA AVENUE	3.3 STREET ADDRESS	1319 WISTERIA AVE
CITY-ST-ZIP	PENSACOLA FL 32507	3.4 CITY-ST-ZIP	Pensacola, FL 32507
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNLEY, BETTY	4.2 NAME	
STREET ADDRESS	1712 W. AVERY ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, KIMBERLY K	5.2 NAME	
STREET ADDRESS	1003 WINTON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, CONNIE	6.2 NAME	MARTIN, Connie
STREET ADDRESS	241 SHADOW LAWN LN.	6.3 STREET ADDRESS	1101 Lillian Hwy LOT 57
CITY-ST-ZIP	PENSACOLA FL 32507	6.4 CITY-ST-ZIP	Pensacola FL 32506

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *Connie Martin* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-99 (850) 438-8609

Date

Daytime Phone #

CR2E037- (11/98)