FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90069 038 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000011514 ✓

1. Entity Name
A WING OF PANAMA CITY, INC. D/B/A WINGZONE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3960 WEST NAVY BLVD.	3960 WEST NAVY
Suite, Apt. #, etc.: # 39A	Suite, Apt. #, etc.: # 39A
City & State: PENSACOLA, FL	City & State: PESACOLA, FL
Zip: 32507 Country:	Zip: 32507 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3697666 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: BURKE, LES W.
Street Address (P.O. Box Number Is Not Acceptable): 221 MCKENZIE AVENUE
City: PANAMA CITY FL Zip Code: 32401

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [X]

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARMSTRONG, LARRY
STREET ADDRESS	518 BUNKERS COVE ROAD
CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	D
NAME	ARMSTRONG, PARKER
STREET ADDRESS	518 BUNKERS COVE ROAD
CITY - ST - ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] LARRY ARMSTRONG 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1