

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90214 012 ***150.00

DOCUMENT # P01000011514
1. Entity Name A WING OF PANAMA CITY, INC DBA WINGZONE

DO NOT WRITE IN THIS SPACE	
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2. Principal Place of Business 3960 WEST NAVY BLVD. Suite, Apt. #, etc. #39A City & State PENSACOLA, FL Zip 32507	3. Mailing Address 3960 WEST NAVY BLVD. Suite, Apt. #, etc. #39A City & State PENSACOLA, FL Zip 32507
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DO NOT WRITE IN THIS SPACE	
4. FEI Number 59-3697666	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMSTRONG, LARRY 518 BUNKERS COVE ROAD PANAMA CITY, FL 32401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMSTRONG, PARKER 518 BUNKERS COVE ROAD PANAMA CITY, FL 32401	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:  **LARRY ARMSTRONG**  **4/23/03**

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)