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Sep 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # P94000062691 (8)

1. Corporation Name
WITH WINGS, INC.

Principal Place of Business	Mailing Address
4400 BAYOU BLVD STE 58B PENSACOLA FL 32503 US	4400 BAYOU BLVD STE 58B PENSACOLA FL 32503 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1994
4. FEI Number: 59-3276894 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 4400 Bayou Blvd	26 4400 Bayou Blvd
Suite, Apt. #, etc. 22 32B	Suite, Apt. #, etc. 27 32B
City & State 23 Pensacola, FL	City & State 28 Pensacola, FL
Zip 24 32503 Country 25 US	Zip 29 32503 Country 30 US

9. Name and Address of Current Registered Agent

HUDSPETH, BARRY E
4025 CONNELL DRIVE
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 ☒ DELETE	1.1 TITLE	~~Director/Officer~~ T ☐ Change ☑ Addition
NAME	DICKERSON, DOUG	1.2 NAME	L. Oliver Jones
STREET ADDRESS	828 BAYCLIFF ROAD	1.3 STREET ADDRESS	Apt. 1221 1701 The Greens Way
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP	Jacksonville Beach, FL 32250
TITLE	D ☐ DELETE	2.1 TITLE	~~Director/Officer~~ S ☐ Change ☑ Addition
NAME	HUDSPETH, BARRY E	2.2 NAME	Jacqueline W. Hawthorne
STREET ADDRESS	4025 CONNELL DRIVE	2.3 STREET ADDRESS	8673 Scenic Hills Drive
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	Pensacola, FL 32514
TITLE	☐ DELETE	3.1 TITLE	~~Director/Officer~~ VP ☐ Change ☑ Addition
NAME		3.2 NAME	Melanie Walker
STREET ADDRESS		3.3 STREET ADDRESS	2395 Palm Drive,
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Daytona Beach, FL 32124
TITLE	☐ DELETE	4.1 TITLE	P ☑ Change ☐ Addition
NAME		4.2 NAME	Barry E. Hudspeth
STREET ADDRESS		4.3 STREET ADDRESS	4025 Connell Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry E Hudspeth BARRY E. Hudspeth 9/8/98 850 969-1966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/97)