FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # P94000074986 (8)

1. Corporation Name

ON A WING, INC.

Principal Place of Business	Mailing Address
444 EAST DUVAL STREET JACKSONVILLE FL 32202	444 EAST DUVAL STREET JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / County — 25 / Zip — 29 / County — 30

4. FEI Number: 59 327 3776 — 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FRANDA, STEPHANIE J
444 EAST DUVAL STREET
JACKSONVILLE FL 32202

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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE ☐ Change ☐ Addition
NAME	WILNER, NORWOOD S	1.2 NAME
STREET ADDRESS	4515 ORTEGA FARM CIRCLE	1.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE ☐ Change ☐ Addition
NAME	MAXWELL, GREGORY H	2.2 NAME
STREET ADDRESS	1830 SHADOWLAWN STREET	2.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32205	2.4 CITY-ST-ZIP
TITLE	D	3.1 TITLE ☐ Change ☐ Addition
NAME	FRANDA, STEPHANIE J	3.2 NAME
STREET ADDRESS	2328 BELOTE PLACE	3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP
TITLE	D	4.1 TITLE ☐ Change ☐ Addition
NAME	USSERY, JAMES L	4.2 NAME
STREET ADDRESS	2460 CEDAR SHORE CIRCLE	4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32210	4.4 CITY-ST-ZIP
TITLE		5.1 TITLE ☐ Change ☐ Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE ☐ Change ☐ Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

400001800514
-04/30/96--01011--045
***200.00

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)(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: Stephanie J. Franda 4-28-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date