FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999 ~~1998~~

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 444 EAST DUVAL STREET	2a. Mailing Address 26 6273 DUPONT STATION CT	3. Date Incorporated or Qualified 10/12/94	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3273776	☐ Applied For ☐ Not Applicable
City & State 23 JACKSONVILLE, FL	City & State 28 JACKSONVILLE, FL	5. Certificate of Status Desired ☒	**$8.75** Additional Fee Required
Zip / Country 24 32202 / 25 U.S.	Zip / Country 29 32217 / 30 U.S.	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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRANDA, STEPHANIE J. 444 EAST DUVAL STREET JACKSONVILLE, FLORIDA 32202	81 Name: JAMES L. USSERY 82 Street Address (P.O. Box Number is Not Acceptable): 2460 CEDAR SHORE CIRCLE 83 84 City: JACKSONVILLE FL 85 Zip Code: 32217

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: James L Ussery 4/30/99
(Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when formalizing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D-VP	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	WILNER, NORWOOD S.		12 NAME	
STREET ADDRESS	4515 ORTEGA FARM CIRCLE		13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210		14 CITY-ST-ZIP	
TITLE	D-P-T	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	USSERY, JAMES L.		22 NAME	
STREET ADDRESS	2460 CEDAR SHORE CIRCLE		23 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32217		24 CITY-ST-ZIP	
TITLE	D-VP	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	STEIGER, VIRGINIA		32 NAME	
STREET ADDRESS	444 EAST DUVAL STREET		33 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32202		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

-05/07/99--01131--012
****900.00 ****900.00

REINSTATEMENT 98-99

B: 5/6/99

CR2E034 (10/97)

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: James L Ussery 30 apr 99 904 868 5022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #