

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000005126 (4)

1. Corporation Name

WING-N-IT, LTD., INC.

Principal Place of Business

RT 2 BOX 1675  
WILLISTON FL 32696

Mailing Address

RT 2 BOX 1675  
WILLISTON FL 32696



3. Date Incorporated or Qualified

01/20/1995

3a. Date of Last Report

2. Principal Place of Business

21 1190 IRENE AVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 1190 IRENE AVE  
Suite, Apt. #, etc.

4. FEI Number

59-3295561

Applied For

Not Applicable

22

City & State

23 LARGO FLORIDA

27

City & State

28 LARGO FLORIDA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 34641

Country

25 USA

29

34641

Country

30 USA

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LICARDE, MARK J  
RT 2 BOX 1675  
WILLISTON FL 32696

10. Name and Address of New Registered Agent

81 Name LICARDE MARK J

82 Street Address (P.O. Box Number is Not Acceptable)  
1190 IRENE AVE

83

84 City LARGO

FL

85 Zip Code  
34641

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

☐ DELETE

TITLE D  
NAME LICARDE, MARK J  
STREET ADDRESS RT 2 BOX 1675  
CITY-ST-ZIP WILLISTON FL 32696

☐ DELETE

TITLE D  
NAME LICARDE, LINDA L  
STREET ADDRESS RT 2 BOX 1675  
CITY-ST-ZIP WILLISTON FL 32696

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE D  
1.2 NAME LICARDE, MARK J  
1.3 STREET ADDRESS 1190 IRENE AVE  
1.4 CITY-ST-ZIP LARGO, FL 34641

☒ Change ☐ Addition

2.1 TITLE D  
2.2 NAME LICARDE LINDA L  
2.3 STREET ADDRESS 1190 IRENE AVE  
2.4 CITY-ST-ZIP LARGO, FL 34641

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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:

MARK J. LICARDE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark J. Licarde

Date

1/24/96

Daytime Phone #

(813)  
546-5761

CR2E034 (12/95)