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

PROFIT CORPORATION' ANNUAL REPORT



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

1996

P95000030884 (7)

DOCUMENT #
1. Corporation Name WINGS & STRINGS, INC.

**FILED** Mar 21 1996 8:00 am Secretary of State



														# \$
Principal Place of Business Mailing Address										P LANDINGS ISA COLAL ÆSISS AT		B     B     B	1 8 1 1 1 1 1 1 1	PL (BIN AIM) (AA)
1400 BROADWAY BLVD					1400 BROADWAY BLVD									
	POLK CITY F	L 33868		·	POLK CITY FL 33868									
										3. Date Incorporated or Qua 04/17/1995	lified	3a. Date	of Last R	eport
2.	Principal Place of Business				2a. Mailing Address					4. FEI Number			T.	Applied For
21				26	26					59- <i>330</i> 9	34	(5	1	Not Applicable
	Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desir	ed	П	\$8.75	Additional
22	·				27								Fee	Required
•	City & State			—	City & State				6. Election Campaign Finance	cing			May Be	
23	l Zıp	28				untry	<b>.</b>		Trust Fund Contribution  8. This corporation has liabil				d to Fees	
24	]	25 29 30				JI 141 y		į		Yes		urider 5	199.032,	
	l	9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent					
							81	Name	:			<del></del>		
	WEEKS,	KERMIT					82	Stroot	Addros	s (P.O. Box Number is Not Acc	centable	· · · · · · · · · · · · · · · · · · ·	···-	
	1400 BR	OADWAY	BLVD					Street	or Modified ( 1.0. Don Halling) is Not Hooppingly					
POLK CITY FL 33868														
							84	City					85 Zi	p Code
							'	0.1,				FL		
1										ion submits this statement for t of directors. I hereby accept th				
	familiar with	n, and accep	of the obligations of,	Section 607.0	505, Florida Statute	3S.	оогр	oranor,	a Donia	or directors. Thereby accept tr	e appoi	itilien, as i	gistered	agent rain
Ş	IGNATURE _							<b>.</b>						
Signature, typed or printed name of reg stered agent and title if applicable. (NOTE: Registered  12. OFFICERS AND DIRECTORS  13.									required w		0.05510	DATE	NOCOTO	200 IN 40
-	Z. TLE	D	OFFICERS	S AND DIREC	DELETE	13.	IITLE		٦	ADDITIONS/CHANGES TO	O UFFIC	<u></u> _	Change	Addition
	AME	WEEKS, KERMIT											onango	L.J Addition
	FREET ADDRESS	1400 BI	1.2 NAME - 1.3 STREET ADDRESS											
	TY-ST-ZIP	POLK C	1.4 CITY-ST-ZIP											
	TLE			<del> </del>	☐ DELETE		TITLE	1-611	U	5			Change	Addition
N/	AME				_	221	IAME		Q,	alean Carolin	ΛĒ.	_	•	
SI	HEET ADDRESS				23:			23 STREET ADDRESS 14		eulean, Carolyn F. 400 Broadway Blud SF olk City, Fl. 33868				
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711	TLE				☐ DELETE	3.1	TITLE	ί,	1				Change	☐ Addition
N/	AME					321	IAME							
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CI	TY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·		340	ITY-S	T-ZIP						
	TLF				DELETE		TITLE						Change	Addition
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	FREET ADDRESS							ADDRESS						
	TY-ST-ZIP				ם מנונדנ		ITY-S	T-ZIP					Change	Addition
	TLE				☐ DELETE		TITLE					L.	Change	Addition
	AME						IAME	ADDRESS		100001	75	367	<b>1</b>	
	TREET ADDRESS							ADDRESS		100001 -03/22/96	0101	003	2	
	TY-ST-ZIP TLE				DELETE		TITLE	1 - 211'		***200,00			Change	Addition
	AME				_ occere	1	IAME					L.	Vilaligo	75
	IREET ADDRESS		_					ADDRESS					i	(2002) Sele
	TY-ST-ZIP			\ /	~ ^		ITY 🔏							301
	4. I do hereby	certify that	the information supp	olied with this t	filing is voluntarly ful	rnished and	o/e	s not au	ualify for	the exemption stated in Section	n 119.0	7(3)(k). Flori	da Statu	tes. I further
	certify that oath; that I	the informati am an office	ion indicated on this er or director of the c	annual report consoration or	or supplemental an the receiver or hust	inual report lee empow	Jon Co.	ie and a to execu	iccurate ite this r	and that my signature shall ha report as required by Chapter 6	ve the s 307, Flor	ame logal e ida Statute:	ffect as i ; and th	f made under at my name