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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # P96000066925

1. Corporation Name

WINGS SERVICES INC.

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90086 006 \*\*\*150.00



Principal Place 2665 DRIFTWO TITUSVILLE FL	OD DRIVE	Mailing Address 2665 DRIFTWOOD DR TITUSVILLE FL 32780	IVE		DO NOT WRITE IN TO 18/08/08/1996	HIS SPACE	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Apr	lied For
21	26				59-3396931	Not	Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 A	I
22	27				3. Controdie of Claude Doubled	Fee Rec	quired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	Fees
Zip			Country		8. This corporation owes the current year		□No
24	25	29	30		Personal Property Tax.	<del></del> _	E_JNO
	9. Name and Address of Cu	rrent Registered Agent	81	Name	10. Name and Address of New Register	en whenr	
WHE	TLEY, SANDRA J						
2665 DRIFTWOOD DRIVE			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
TITUSVILLE FL 32780			83				
1			84	City		85 Zip C	ode
I office or r	registered agent, or both, in the St am familiar with, and accept the ob	tate of Florida. Such change wolligations of, Section 607.0505	as authorized by the	e corporation	oration submits this statement for the purpose in shoard of directors. I hereby accept the ap	pointment as reg	istered
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PSTD	☐ DELET	E 1.1 TITLE		Villa	☐ Change	Addition
NAME	WHITLEY, SANDRA		1.2 NAME	u	unitley, Wesley 2665 Driftwood Dr		
STREET ADDRESS	2665 DRIFTWOOD DRIVE		1.3 STREET A	ODRESS 2	2665 Driftwood Ur	010	
CITY-ST-ZIP	TITUSVILLE FL		1.4 CITY-ST-Z	JP 7	"itusville, FL	32780	
TITLE		☐ DELE1	E 2.1 TITLE		,	☐ Change	☐ Addition
NAME			2.2 NAME		يساسين دد السالد الياد		
STREET ADDRESS			2.3 STREET AC	DORESS			ľ
CITY-ST-ZIP			2.4 CITY-ST-	ZIP		Change	Addition
TITLE		☐ DELE1				□ change	L-1 Addition
NAME			3.2 NAME				Ì
STREET ADDRESS			3.3 STREET AL				Ì
CITY-ST-ZIP					•		
TITLE	<u> </u>	Ппен	34. CITY- ST-2	ZIP		☐ Change	Addition
MARAT		☐ DELET	E 4.1 TITLE	ZIP	·	Change	Addition
NAME		☐ DELE1	E 4.1 TITLE 4.2 NAME		·	Change	Addition
STREET ADDRESS		□ DELE1	E 4.1 TITLE 4.2 NAME 4.3 STREET AL	DORESS		Change	Addition
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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, with all other like empowered.

Sandra J. Whitley