

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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90060 017 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000034066

1. Corporation Name

HOT WING CONCEPTS, INC.



Principal Place of Business

Mailing Address

14286 BEACH BLVD
JACKSONVILLE FL 32250
US

12763 CLEAR SPRINGS DR
JACKSONVILLE FL 32225

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1997

2. Principal Place of Business

2a. Mailing Address

21 **9119 merrell Rd**

26

Suite, Apt. #, etc.

22 **# 19**

27

City & State

23 **Jacksonville F**

28

Zip Country

24 **32225** 25 **Dyna**

29

30

4. FEI Number

59-3444237

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSENBERGER, MIKE
12763 CLEAR SPRINGS DR
JACKSONVILLE FL 32225

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 607.0501 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.

(Not E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **HOLLOWAY, ROSALEE L**
STREET ADDRESS **1037 MAGNOLIA LANDING**
CITY-ST-ZIP **ATLANTIC BCH FL 32233**

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **Mike Rosenberger**
1.3 STREET ADDRESS **12763 CLEAR SPRINGS**
1.4 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE **V.P. Secretary** ☒ Change ☐ Addition
2.2 NAME **W.R. Rosenberger**
2.3 STREET ADDRESS **1037 MAGNOLIA LANDING**
2.4 CITY-ST-ZIP **ATLANTIC BCH FL 32233**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/98 **904 221-2846**
Date Daytime Phone #

CR2E034 (1/98)