**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # P97000046987

WINGS PLUS OF SPRING HILL, INC.

<b>`</b>			
Principal Place of Business	Mailing Address		
9201 COUNTY LINE ROAD SPRING HILL FL 34609	9201 COUNTY LINE ROAD SPRING HILL FL 34609		

## Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90082 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

				05/28/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
:1		26		59-3448422	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired —	\$8.75 Additional	
2 -	بيد بيد	27	والمتدامين المواد والمبياد الما		Fee Required	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be	
3		28		Trust Fund Contribution	Added to Fees	
_ Zip ¬	Country	L Zip	Country	8. This corporation owes the current year Intar		
4	[25]	29 3	0	1 0000000 1 00 p = 00 p	Yes □No	
	9. Name and Address of Current		81 Name -	10. Name and Address of New Registered A	Agut	
	TETTO, LEONARD R De E	Boer, Kenneth	be been, Kenneth			
9201 COUNTY LINE ROAD 9201 County Line Rd. 82 SPRING HILL FL 34609 Spring Hill 74 83 34608 84				1201 COUNTY LINE KILL		
SPRI	NG HILL FL 34609	in Hill H	83			
	٥٢٠٠	3460	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	<del></del>	85 Zip Code	
		- 700	84 City	rine Hill FL	85 Zip Code 34608	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose of co	hanging its registered	
office or re	egistered agent, or both, in the State of m familiar with, and agreet the spligato	Florida. Such change was auth	horized by the corporat	tion's board of directors. I hereby accept the appoint	ment as registered	
=		Preside	<del>/</del>	2/24/9	19	
SIGNATURE	Slovatule, typed or printed name of registered agent a		A. egistered Agent signature requir	red when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE .	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	Deboer, Kenneth		1.2 NAME			
STREET ADDRESS	9201 COUNTY LINE ROAD		1.3 STREET ADDRESS			
CITY-ST-ZIP	SPRING HILL FL 34609		1.4 CITY-ST-ZIP	,		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME	•		
STREET ADDRESS			2.3 STREET ADDRESS			
CITY:ST:ZIP	ب بين پينيند پينيند ي	چە يىلى سالىي سەم لىللى. <u>ئىلىلىنى</u>	2.4 CITY-ST-ZIP		· ·	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4, CITY-ST-ZIP		<u>_</u>	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP		<del></del>	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME	•		
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		•	
CITY-ST-ZIP			6.4 CITY-ST-ZIP			

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.