

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723949

Entity Name: WING SOUTH, INC.**Current Principal Place of Business:**4130 SKYWAY DRIVE
NAPLES, FL 34112**Current Mailing Address:**COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US**FEI Number:** 59-2528568**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HART, STEPHEN P
COLLIER FINANCIAL, INC
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title VP
Name LYTLE, RICHARD
Address 3892 SKYWAY DRIVE
City-State-Zip: NAPLES FL 34112

Title TREASURER
Name LEROY, TOM
Address 3965 SKYWAY DRIVE
City-State-Zip: NAPLES FL 34112

Title DIRECTOR
Name DALEY, ANNE
Address C/O COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E
City-State-Zip: NAPLES FL 34113

Title PRESIDENT
Name FOGLE, NEIL
Address C/O COLLIER FINANCIAL, INC
4985 TAMIAMI TRAIL E
City-State-Zip: NAPLES FL 34113

Title SECRETARY
Name DALEY, ANNE
Address C/O COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E
City-State-Zip: NAPLES FL 34113

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NEIL FOGLE

PRESIDENT

04/25/2019

Electronic Signature of Signing Officer/Director Detail_____
Date