

2017 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
4985 E TAMIAMI TRAIL
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	TD
Name	LYTLE, RICHARD
Address	3892 SKYWAY DRIVE
City-State-Zip:	NAPLES FL 34112

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

Title	D
Name	STETSON, DAVE
Address	C/O COLLIER FINANCIAL 4985 TAMIAMI TRAIL EAST
City-State-Zip:	NAPLES FL 34113

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

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

Title	VPD
Name	ETTER, ROBERT
Address	C/O COLLIER FINANCIAL, INC. 4985 TAMIAMI TRAIL E
City-State-Zip:	NAPLES FL 34113

Title	D
Name	PAPPS, FRANCIS
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: ANNE DALEY**PRESIDENT****04/10/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date