

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 130210 (8)

1. Corporation Name
WRIGHT & SEATON INC



Principal Place of Business: **11387 INDIAN SHORE DR NORTH PALM BEACH FL 33408 US**
Mailing Address: **P. O. BOX 1506 WEST PALM BEACH FL 33402-1506 US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/14/1935	3a. Date of Last Report 03/27/1995
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-0517380		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent SEATON, CLYDE H JR 11387 INDIAN SHORE DR NORTH PALM BEACH FL 33408				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. State FL 85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 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: _____ DATE: _____
Signature of the person who is changing the registered office or registered agent. Signature of the Registered Agent is required when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	PTD SEATON, CLYDE H JR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS	11387 INDIAN SHORE DR	1.2 NAME	
3. CITY-STATE-ZIP	NORTH PALM BEACH FL	1.3 STREET ADDRESS	
4. TITLE	VS <input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP	
5. NAME	SEATON, JANET J <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS	11387 INDIAN SHORE DR	2.2 NAME	
7. CITY-STATE-ZIP	NORTH PALM BEACH FL	2.3 STREET ADDRESS	
8. TITLE	<input type="checkbox"/> DELETE	2.4 CITY-STATE-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. STREET ADDRESS	<input type="checkbox"/> DELETE	3.2 NAME	
11. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
12. TITLE	<input type="checkbox"/> DELETE	3.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS	<input type="checkbox"/> DELETE	4.2 NAME	
15. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
16. TITLE	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. STREET ADDRESS	<input type="checkbox"/> DELETE	5.2 NAME	
19. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. TITLE	<input type="checkbox"/> DELETE	5.4 CITY-STATE-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS	<input type="checkbox"/> DELETE	6.2 NAME	
23. CITY-STATE-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
24. TITLE	<input type="checkbox"/> DELETE	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ **1/29/96** **407-626-3648**
Signature of the person who is changing the registered office or registered agent. Signature of the Registered Agent is required when registering. Date Daytime Phone #
BY: C. H. SEATON, JR.

CR2E034 (12/95)