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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 09 1998 8:00am Secretary of State

DOCUMENT #

130210

(8)

WRIGH	I & SEATON INC						
Principal Place of Business Mailing Address					. 198181 1/000 11/1/1 80/18 1/001 11/01 10/1	4 A(412 E1E1	s didal mimit didia Bibji tabe
11387 INDIAN SHORE DR NORTH PALM BEACH FL 33408 US		P. O. BOX 1506 WEST PALM BEACH FL 33402-1506 US		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 02/14/1935		
2. Principal P	lace of Business	2a. Mailing Address 26	26		4, FEI Number 59-0517380		Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1 1		5. Certificate of Status Desired	X)	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees .	
Zip 24	Country 25	Žψ (29)	Cour 30	ntry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered	Agent
SEATON, CLYDE H JR 11387 INDIAN SHORE DR NORTH PALM BEACH FL 33408				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)			
NO			83				
			ŀ	84 City		FŁ	85 Zip Code
11. Pursuant office or ragent 1 a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obl	502 and 607.1508, Florida Statute ite of Florida. Such change was au igations of, Section 607.0505, Flor	s, the ab uthorized rida Stati	ove-named cor by the corpora ites.	rporation submits this statement for the p ation's board of directors. I hereby accep	urpose o	of changing its registered pointment as registered
SIGNATURE	Signature, typed or printed name of regelered a	agent and title if applicable [NOTE	Registered	Agent signature requ	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AN	
TITLE	PTD	DELETE	1.1 DT	LE			☐ Change ☐ Addition
NAME	SEATON, CLYDE H JR		1.2 NA	ME			
STREET ADDRESS 11387 INDIAN SHORE DR			1.3 STREET ADDRESS				
CITY-ST-ZIP	NORTH PALM BEACH FL		1.4 C(T	Y-\$T-ZIP			
	146	00.00		_			A 4-1:0 4

TITLE ___ DELETE 2.1 TETLE SEATON, JANET J 2.2 NAME NAME 11387 INDIAN SHORE DR STREET ADDRESS 2.3 STREET ADDRESS **NORTH PALM BEACH FL** CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY+ST-ZIP DELETE Addition 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change ☐ Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP

14. Thereby 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 armual report or suppliemental 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 employed 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 indirect state of the corporation of the second trustee of the corporation of the receiver or trustee employed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in BY: C. H. SEATON, JR.: