FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 4:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **189439** (3) 13-6

1. Corporation Name

ALLRIGHT FLORIDA, INC.

Principal Place of Business	Mailing Address
403 WASHINGTON STREET TAMPA FL 33602 US	P O BOX 53390 HOUSTON TX 77052 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/09/1955	08/03/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number **59-0761977** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **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, typed or printed name of registered agent and title, if applicable) (DATE: Registered Agent signature required when restating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	11 TITLE	☐ Change ☐ Addition
NAME	TRAVIS, ANDREW D	12 NAME	
STREET ADDRESS	1111 FANNIN #1300	13 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	MEYER, BERNARD M.	22 NAME	
STREET ADDRESS	1111 FANNIN #1300	23 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	PAGE, LARRY A	32 NAME	
STREET ADDRESS	1111 FANNIN #1300	33 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	LAYDEN, A J	42 NAME	
STREET ADDRESS	1111 FANNIN #1300	43 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	ROSE, SIDNEY E.	52 NAME	
STREET ADDRESS	403 WASHINGTON ST.	53 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	54 CITY-ST-ZIP	
TITLE	VAS	61 TITLE	☐ Change ☐ Addition
NAME	WISE, KEITH	62 NAME	
STREET ADDRESS	1120 PRAIRIE	63 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX 77002	64 CITY-ST-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)(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.

SIGNATURE: X _____ 4/13/95 713-222-7117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

Keith Wise

0480901 FP