

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

FILED  
May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 189439

(3)

1. Corporation Name

ALLRIGHT FLORIDA, INC.

13-6



Principal Place of Business

403 WASHINGTON STREET  
TAMPA FL 33602  
US

Mailing Address

P O BOX 53390  
HOUSTON TX 77052-3390  
US

3. Date Incorporated or Qualified

12/09/1955

3a. Date of Last Report

04/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

59-0761977

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. 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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	TRAVIS, ANDREW D	
STREET ADDRESS	1111 FANNIN #1300	
CITY - ST - ZIP	HOUSTON TX 77002	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MEYER, BERNARD M.	
STREET ADDRESS	1111 FANNIN #1300	
CITY - ST - ZIP	HOUSTON TX 77002	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PAGE, LARRY A	
STREET ADDRESS	1111 FANNIN #1300	
CITY - ST - ZIP	HOUSTON TX 77002	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAYDEN, A J	
STREET ADDRESS	1111 FANNIN #1300	
CITY - ST - ZIP	HOUSTON TX 77002	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROSE, SIDNEY E.	
STREET ADDRESS	403 WASHINGTON ST.	
CITY - ST - ZIP	TAMPA FL 33602	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	WISE, KEITH	
STREET ADDRESS	1120 PRAIRIE	
CITY - ST - ZIP	HOUSTON TX 77002	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby 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 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 in an attachment with an address.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith Wise, VP/Controller

4/29/97

713-222-7117

Daytime Phone #

0495792

CR2E034 (9/96)