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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:20

DOCUMENT # 619689 (3)

1. Corporation Name
WRIGHT & LOPEZ OF FLORIDA, INC.

Principal Place of Business	Mailing Address
1745 PHOENIX BLVD. SUITE 430 ATLANTA GA 30349 US	P. O. BOX 491539 1745 PHONIX BLVD., STE. 430 ATLANTA GA 30349 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1979
3a. Date of Last Report: 08/03/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1903087 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	PATTON, JAMES P.	1.2 NAME	
STREET ADDRESS	1745 PHOENIX BLVD., STE. 430	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	X Change ☐ Addition
NAME	PERKERSON, MICHAEL	2.2 NAME	Secretary
STREET ADDRESS	5704 RIVER RD.	2.3 STREET ADDRESS	Pen Baldwin
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	1745 Phoenix Boulevard, STE 430 Atlanta, GA 30349
TITLE	S	3.1 TITLE	XX Change ☐ Addition
NAME	BALDWIN, PEN	3.2 NAME	
STREET ADDRESS	1745 PHOENIX BLVD., STE. 430	3.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	XX Change ☐ Addition
NAME	COPPERSMITH, JACK	4.2 NAME	
STREET ADDRESS	6917 COLLINS AVE	4.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	MIAMI BCH FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	XX Change ☐ Addition
NAME	DOWNING, EUGENE	5.2 NAME	
STREET ADDRESS	6917 COLLINS AVE	5.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	XX Change ☐ Addition
NAME	ROJAS, MARCO A.	6.2 NAME	
STREET ADDRESS	6917 COLLINS AVE	6.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	MIAMI BCH FL	6.4 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, added or an attachment with an address.

SIGNATURE: _____ 1/11/95 (404) 991-2915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional) Phone #
P.G. Baldwin

0500465 PP