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 24 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **631277** **(1)**

1. Corporation Name
WRIGHT - MCINNIS, INC.

Principal Place of Business	Mailing Address
177 JOHN SIMS PARKWAY VALPARAISO FL 32580	177 JOHN SIMS PARKWAY VALPARAISO FL 32580

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/30/1979**
3a. Date of Last Report: **04/22/1994**

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

4. FEI Number: **59-1863133** ☐ 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

LEWIS, BILLY R.
177 JOHNS SIMS PKWY
VALPARAISO FL 32580

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	LEWIS, BILLY R.	1.2 NAME		
STREET ADDRESS	~~177 JOHN SIMS PKWY~~	1.3 STREET ADDRESS	4430 Amberlake Cv.	
CITY-ST-ZIP	~~VALPARAISO FL~~	1.4 CITY-ST-ZIP	Niceville, Fl. 32578	
TITLE	ST	2.1 TITLE	☒ Change ☐ Addition	
NAME	LEWIS, KATHRYN A.	2.2 NAME		
STREET ADDRESS	177 JOHN SIMS PKWY	2.3 STREET ADDRESS	4430 Amberlake Cove	
CITY-ST-ZIP	VALPARAISO FL	2.4 CITY-ST-ZIP	Niceville, Fl. 32578	
TITLE	V	3.1 TITLE	☒ Change ☐ Addition	
NAME	DITTO, CHARLES M.	3.2 NAME		
STREET ADDRESS	177 JOHN SIMS PKWY	3.3 STREET ADDRESS	Delete	
CITY-ST-ZIP	VALPARAISO FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	☐ Change ☒ Addition	
NAME		4.2 NAME	Debra K. Scott VP	
STREET ADDRESS		4.3 STREET ADDRESS	4098 Howard Dr.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Niceville, Fl. 32578	
TITLE	V	5.1 TITLE	☐ Change ☒ Addition	
NAME		5.2 NAME	Allen L. Scott VP	
STREET ADDRESS		5.3 STREET ADDRESS	4098 Howard Dr	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Niceville, Fl. 32578	
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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, or on an attachment with an address.

SIGNATURE: Kathryn A Lewis KATHRYN A. LEWIS 4/17/95 897-4709
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0997149 CP