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 30 AM 11:57

DOCUMENT # 822085 (7)

1. Corporation Name
WRIGHT & LOPEZ, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/18/1968
3a. Date of Last Report: 08/03/1994

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

4. FEI Number: 59-1030405 ☐ 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

THP
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: The Prentice-Hall Corporation System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes Street
83: Suite 105
84 City: Tallahassee FL 85 Zip Code: 32301

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	Secretary ☒ Change ☐ Addition
NAME	PERKERSON, MICHAEL	2.2 NAME	Pen Baldwin
STREET ADDRESS	5704 RIVER RD.	2.3 STREET ADDRESS	1745 Phoenix Boulevard, Suite 430
CITY-ST-ZIP	NASHVILLE TN	2.4 CITY-ST-ZIP	Atlanta, Georgia 30349
TITLE	S	3.1 TITLE	☒ 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	VS	4.1 TITLE	☒ Change ☐ Addition
NAME	CHRISTENSEN,EDWARD	4.2 NAME	DELETE
STREET ADDRESS	6917 COLLINS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH, FL 0	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	POSNER,STEVEN	5.2 NAME	DELETE
STREET ADDRESS	6917 COLLINS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☒ Change ☐ Addition
NAME	ROJAS,MARCO A.	6.2 NAME	DELETE
STREET ADDRESS	6917 COLLINS AVE	6.3 STREET ADDRESS	
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, or on an attachment with an address.

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

0300401 FP