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

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 832317

Principal Place of Business

HENRY W. WRIGHT & ASSOCIATES, INC.

714 SO FOSTE STE 3	R ST	P O BOX 336 DOTHAN AL 36302					
DOTHAN AL 36	301	US			DO NOT WRITE IN TH	IS SPACE	
US					3. Date Incorporated or Qualifed 05/09/1974		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied Fo	or
21		26		63-0596900	Not Applica		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additiona	al
22		27			5. Certifcate of Status Desired	Fee Required	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year	ntangible	
24	25	29 3	0		Personal Property Tax.	∐Yes ⊠No	
	9. Name and Address of Curre				10. Name and Address of New Registere	d Agent	
			81	Name			
	NETT, JULIAN		82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)		
112	EAST THIRD COURT	**	02	Street Addi	ress (P.O. Box Number is Not Acceptable)		
PAN	ama city fl		83				
			84	City		. 85 Zip Code	- F E
Section to the section of				-	F		
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Statutes	the above	e-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its register	red
office or r	egistered agent, or both, in the Statem familiar with, and accept the oblig	gations of, Section 607.0505, Florid	nonzeu by la Statutes	trie corporati	on's board of directors. Thereby accept the app	olittiment as registered	'
SIGNATURE							
GIOI WITTOTIE	Signature, typed or printed name of registered ag		tegistered Agen	t signature require	ed when reinstating) DATE		-
12.	OFFICERS A	AND DIRECTORS	13.	t signature require	ADDITIONS/CHANGES TO OFFICERS		
	OFFICERS A		-	t signature require			12 idition
12.	OFFICERS A PD WRIGHT, HENRY W	AND DIRECTORS	13.	t signature require	ADDITIONS/CHANGES TO OFFICERS		
<b>12.</b> πτ.Ε	OFFICERS A	AND DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS		
12. TITLE NAME	OFFICERS A PD WRIGHT, HENRY W	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME	ADDRESS	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Ad	dition
12. TITLE NAME STREET ADDRESS	PD WRIGHT, HENRY W 312 STONEGATE DRIVE	AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADDRESS	ADDITIONS/CHANGES TO OFFICERS		dition
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I 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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

**FILED** 

Jan 20, 1999 8:00am

**Secretary of State** 

01-20-1999 90008 043 \*\*\*150.00