

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 851868 (0)

1. Corporation Name

WRIGHT & ASSOCIATES, INC. OF TENNESSEE



Principal Place of Business

6094 APPLE TREE DR. SUITE 8  
MEMPHIS TN 38115

Mailing Address

6094 APPLE TREE DR. SUITE 8  
MEMPHIS TN 38115

3. Date Incorporated or Qualified  
02/15/1982

3a. Date of Last Report  
02/09/1995

2. Principal Place of Business

21. 6094 Apple Tree Drive

Suite, Apt. #, etc.

22. Suite 8

City & State

23. Memphis, TN 38115

Zip

Country

24. 38115

25. Shelby

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. City & State

Zip

Country

29. Zip

30. Country

4. FEI Number

62-0793963

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

8. This corporation has liability for intangible tax under s 199.032,  
Florida Statutes ☐ Yes ☒ No

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 date (if applicable)

(NOTE) Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WRIGHT, HUGH S.

STREET ADDRESS 3108 GRAMONT

CITY-ST-ZIP MEMPHIS TN

TITLE STD ☐ DELETE

NAME WHITE, NADINE

STREET ADDRESS 3823 CLUBVIEW DR.

CITY-ST-ZIP MEMPHIS TN

TITLE VD ☐ DELETE

NAME SCOTT, JOHN W.

STREET ADDRESS ROUTE 2

CITY-ST-ZIP WALNUT MS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or changed or on an attachment with an address.

SIGNATURE:

President

1/22/96

901-795-4625

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)