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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 851868

(0)

WRIGH	IT & ASSOCIATES, INC. O	F TENNESSEE		t (BB)B) (B)B) G(B) (IBC) (B)G B)B) (G)	
Principal Plac	e of Business	Mailing Address		a commit diet niet cear cere stat satt men	MINIS ALBY DINII NINII BLRS 19063
434 HWY 72 W 434 HWY 72 W				·	
STE 1 STE 1 COLLIERVILLE TN 38017 COLLIERVILLE TN 38017				DO NOT WRITE IN TH	HIS SPACE
US		US		3. Date Incorporated or Qualified	
				02/15/1982	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		62-0793963	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	0	City & State	···		
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Register	red Agent
CT	CORPORATION SYSTEM		81 Name		
1200 S. PINE ISLAND ROAD			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
) PL	ANTATION FL 33324				
			83		
			84 City		- 85 Zip Code
		00 100 Fi 11 0			FL 189 Zip Code
11. Pursuant office or r	to the provisions of Sections 607.05 registered agent, or both, in the State	02 and 607.1508, Florida Statute e of Florida. Such change was a	s, the above-named cor uthorized by the corpora	rporation submits this statement for the purporation's board of directors. I hereby accept the	appointment as registered
agent La	m familiar with, and accept the obliq	gations of, Section 607.0505, Flo	rida Statutes.		_
SIGNATURE	Signature, typed or printed name of registered ag	nent end title if englisher (NOTE	Registered Agent signature requ	ulred when reinstating? DA	TE .
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		XX Change  Addition
NAME	Wright, hugh S.		1.2 NAME		
STREET ADDRESS	3108 GRAMONT		1.3 STREET ADDRESS	11005 Highway 57	
CITY-ST-ZIP	MEMPHIS TN		1.4 CITY-ST-ZIP	11005 Highway 57 Moscow, TN 38057	
TITLE	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITE, NADINE		2.2 NAME		
STREET ADDRESS	3823 CLUBVIEW DR.		2.3 STREET ADDRESS	مين . استان	
CITY-ST-ZIP	MEMPHIS TN	Dri Pre	2. 4 CITY-ST-ZIP		
TITLE	VD SCOTT JOUN W	☐ DELETE	3.1 TITLE		Change Addition
NAME	SCOTT, JOHN W. ROUTE 2		3.2 NAME		
STREET ADDRESS	WALNUT MS		3.3 STREET ADDRESS		ì
CITY-ST-ZIP TITLE	HURIAL IIIA	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CHY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
rame			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST-ZIP		

14. Thereby 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 director of the director or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if clambed, of on an attachment with an address.

2/12/98 901-853-068

**FILED** 

Feb 19 1998 8:00am

Secretary of State