


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

FILED

Mar 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G12963** (6)
1. Corporation Name
C & M WRIGHT, INC.

Principal Place of Business 110 FAIRHAVEN P.O. BOX 1818 AUBURNDALE FL 33823	Mailing Address 110 FAIRHAVEN P.O. BOX 1818 AUBURNDALE FL 33823
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2001 Highway 92 W Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 P. O. Box 1009 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 12/13/1982	
25		30		4. FEI Number 59-2241885 Applied For Not Applicable	
25		30		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WRIGHT, MARY KAY 2001 HWY 92 W P.O. BOX 1818 AUBURNDALE FL 33823				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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, CHARLES RUSH			1.2 NAME			
STREET ADDRESS	110 FAIRHAVEN DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL			1.4 CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, MARY KAY			2.2 NAME			
STREET ADDRESS	110 FAIRHAVEN DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WRIGHT, MAY KAY			3.2 NAME			
STREET ADDRESS	110 FAIRHAVEN DR.			3.3 STREET ADDRESS			
CITY-ST-ZIP	AUBURNDALE FL			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PERCY, RANDOLP A			4.2 NAME			
STREET ADDRESS	508 AVE M SE			4.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. 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.

SIGNATURE: _____

3-11-98

(941) 967-8315

CR2E034 (10/97)