Mailian Addyson

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90129 037 ***150.00

DOCUMENT # 1. Corporation Name	G88710
WRIGHT COMPUTER	SERVICES, INC.

Principal Place	e of Business	Mailing Address					
161 S. HALIFAX		770 KENWOOD DR.					
DAYTONA FL 3	2118	PO BOX 4790			DO MOT WEST IN THE	CDACE	
US		S. DAYTONA FL 32121			DO NOT WRITE IN THIS	SPACE	
		US			3. Date Incorporated or Qualifed		
					03/01/1984		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21	<u> </u>	26			59-2389976	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional
22		27			3, Certificate of Status Desired	Fee Re	equired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Count	· · · · · · · · · · · · · · · · · · ·	8. This corporation owes the current year Int	angible	
24	25	29	30		Personal Property Tax.	☐Yes	□No
24	9. Name and Address of Curren		100		10. Name and Address of New Registered	Agent	
	5. Marie and Address of Correct	it ittgiotorea rigerii	- 8	1 Name			
WRIG	GHT, GEORGE O., JR.						
	KENOWOOD DR.		8	2 Street Add	Iress (P.O. Box Number is Not Acceptable)	_	
			-				
PUR	T ORANGE FL 32019		[8	3			i
			a	4 City		85 Zip	Code
				1 1	FL	. `	[ف
11, Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the abo	ve-named corp	poration submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was a	authorized b	v the corporati	ion's board of directors. I hereby accept the appoi	ntment as re	egisterea
	m familiar with, and accept the obliga	Illions of, Section 607,0000, Fig	inda Statut		4-27-66		
SIGNATURE	Signature, typed or printed name of registered ager	nt and the if applicable (NOTE	Registered Ac	ent signature requir	ed when reinstaling) 9-27-99 DATE		
12.	777	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECTO	DRS IN 12
TITLE	р	DELETE	1.1 TITLE			☐ Change	Addition
	WRIGHT, GEORGE O., JR.		1,2 NAM				
NAME			1	ET ADDRESS			
STREET ADDRESS	770 KENOWOOD DR.						,
CITY-ST-ZIP	PORT ORANGE FL		1.4 CITY			☐ Change	Addition
TITLE	DS	☐ DELETE	2.1 TITLE	•		☐ Change	[] Addition
NAME	WRIGHT, PATRICIA M.		2.2 NAM	i]
STREET ADDRESS	770 KENOWOOD DR.		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL		2 4 CITY	- ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAM	.			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
			3.4. CITY				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			☐ Change	Addition
			4. 2 NAN	,			_
NAME							
STREET ADDRESS	j			ET ADDRESS			1
CITY-ST-ZIP			4,4 CITY			C	TALES.
TITLE		☐ DELETE	5.1 TTTLE	I .		Change	☐ Addition
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	ET ADDRESS			ì
CITY-ST-ZIP			_				1
TITLE	ļ		5.4 CITY	-ST-ZIP			
		☐ DELETE	5.4 C/TY 6.1 TITLE			☐ Change	Addition
		☐ DELETE				Change	Addition
NAME		☐ DELETE	6.1 TITLE 6.2 NAM	E		☐ Change	Addition
		☐ DELETE	6.1 TITLE 6.2 NAM 6.3 STRE			☐ Change	Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER DAME OF SIGNING OFFICER OR DIRECTOR

76/7599 Daytime Phone # R2E034 (11/98)