

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

Ad c/c # 3028

DOCUMENT # **H44464** (6)

1. Corporation Name

MAX WRIGHT, INC.

Principal Place of Business

**680 W KENNEDY BLVD
4808 SHETLAND TR.
ORLANDO FL 32810
US**

Mailing Address

**4808 SHETLAND TR
4808 SHETLAND TR.
ORLANDO FL 32808
US**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Cntry

24 25

29 30

9. Name and Address of Current Registered Agent

**WRIGHT, MAX P.
4808 SHETLAND TRAIL
ORLANDO FL 32808**

3. Date Incorporated or Qualified
02/26/1985

3a. Date of Last Report
11/14/1995

4. FEI Number
42-9666031

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$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 607.0507 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

Max P. Wright

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered agent signature required when reappointing)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **WRIGHT, MAX P.**
STREET ADDRESS **4808 SHETLAND TR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **ST** ☐ DELETE
NAME **WRIGHT, MAX P.**
STREET ADDRESS **4808 SHETLAND TR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 NAME

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 NAME ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 NAME ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 NAME ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 NAME ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 NAME ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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 if changed, or on an attachment with an address.

SIGNATURE:

Max P. Wright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

Date

407/875-8338

Daytime Phone #

CR2E034 (12/95)