

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 # J86223 (1)

1. Corporation Name

THE WRIGHT PARTS, INC.



Principal Place of Business

Mailing Address

% RUTH ANNE WRIGHT
RT 1, BOX 1072
MCALPIN FL 32062

% RUTH ANNE WRIGHT
RT 1, BOX 1072
MCALPIN FL 32062

3. Date Incorporated or Qualified

07/31/1987

3a. Date of Last Report

01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 12103 CR 252

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 McAlpin, FL

27 City & State

City & State

City & State

23

28

Zip

Country

Zip

Country

24 32062

25 Suwannee

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, RUTH ANNE
RT 1, BOX 1072
MCALPIN FL 32062

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
WRIGHT, RUTH ANNE
RT 1, BOX 1072
MCALPIN FL

DELETE

1 1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

2 1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

3 1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

4 1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

5 1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DELETE

6 1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

Change Addition

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: Ruth A. Wright Ruth A. Wright

2/20/96

904-362-3263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)