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Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M26652 (1)

1. Corporation Name

GLENN WRIGHT CONSTRUCTION, INC.



Principal Place of Business

C/O GLENN WRIGHT JR.  
112 ROSE DRIVE  
FT LAUDERDALE FL 33316

Mailing Address

C/O GLENN WRIGHT JR.  
112 ROSE DRIVE  
FT LAUDERDALE FL 33316-1044

3. Date Incorporated or Qualified

01/30/1986

3a. Date of Last Report

02/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 101 SE 21 ST

23 Ft. Lauderdale, FL

24 33316

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 101 SE 21 ST

28 Ft. Lauderdale, FL

29 33316

Country

4. FEI Number

59-2222096

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

9. Name and Address of Current Registered Agent

WRIGHT, GLENN JR.  
112 ROSE DR  
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 101 SE 21 ST

84 City

85 Ft. Lauderdale FL 33316

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

4-14-97

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME WRIGHT, GLENN JR.  
STREET ADDRESS 2000 AGACIA ST.  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE D  
NAME WRIGHT, PATRICIA  
STREET ADDRESS 112 ROSE DR  
CITY-ST-ZIP FT LAUDERDALE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS 101 SE 21 ST  
14 CITY-ST-ZIP Ft. Lauderdale, FL 33316

21 TITLE D, VP  
22 NAME  
23 STREET ADDRESS 101 SE 21 ST  
24 CITY-ST-ZIP Ft. Lauderdale, FL 33316

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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 amendment with an address.

SIGNATURE: [Signature] President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-761-3472

CR2E034 (9/96)