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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # M85977 (0)**

1. Corporation Name  
**THE WRIGHT FABRIC SHOP, INC.**

Principal Place of Business Mailing Address

**6634 US 19 NEW PORT RICHEY FL 34652**      **6634 US 19 NEW PORT RICHEY FL 34652**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/17/1988**      3a. Date of Last Report **04/21/1994**

4. FEI Number **59-2899752**      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

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip      Country      Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent

**SCUTARI, JOSEPH**  
**3875 LIGHTHOUSE WAY**  
**NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City      85. Zip Code

**FL**

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 re-registering)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE **PST**

NAME **SCUTARI, JOSEPH**

STREET ADDRESS **6634 US 19**

CITY - ST - ZIP **NEW PT. RICHEY FL**

TITLE **D**

NAME **SCUTARI, JOSEPH**

STREET ADDRESS **6634 US 19**

CITY - ST - ZIP **NEW PT. RICHEY FL**

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

1.1 TITLE  Change  Addition

NAME **MARIANNE GUY**

1.2 NAME

1.3 STREET ADDRESS **2209 WLENWOOD DR**

1.4 CITY - ST - ZIP **NEW PORT RICHEY FL 34653**

2.1 TITLE  Change  Addition

2.2 NAME **T ROSALIE SCUTARI**

2.3 STREET ADDRESS **7842 LEIGHTON CIRCLE**

2.4 CITY - ST - ZIP **NEW PORT RICHEY FL 34654**

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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: *Rosalie Scutari*      4-6-95      813      896-9033

DATE: \_\_\_\_\_      TITLE: \_\_\_\_\_      (Typed Name)