

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20708 (4)
1. Corporation Name
THE WRIGHT TRAVEL AGENCY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2505 21ST SVE S 5TH FL NASHVILLE TN 37212 US		Mailing Address 2505 21ST AVE S 5TH FL NASHVILLE TN 37212 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
24		25	
29		30	

3. Date Incorporated or Qualified 08/30/1988	
4. FEI Number 62-1119374	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JOHN RIVERA 1511 N WESTSHORE BLVD SUITE 290 TAMPA FL 37215		10. Name and Address of New Registered Agent 81 Name Becky Oyler 82 Street Address (P.O. Box Number is Not Acceptable) 4575 Via Royale, Ste 207 83 84 City Fort Myers FL 85 Zip Code 33919	
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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 Becky Oyler MANAGER 4-3-98
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	P	1.1 TITLE	P
NAME	WRIGHT, PAMELA J.	1.2 NAME	Wright, Pamela J.
STREET ADDRESS	37 ERWICK CT	1.3 STREET ADDRESS	37 ERWIN Court
CITY-ST-ZIP	NASHVILLE TN	1.4 CITY-ST-ZIP	Nashville, TN 37205
TITLE	S	2.1 TITLE	S
NAME	WRIGHT, ELLA L	2.2 NAME	Henson, Sandy
STREET ADDRESS	329 SHEPHERD HILLS DR	2.3 STREET ADDRESS	7599 Nolensville Road
CITY-ST-ZIP	MADISON TN	2.4 CITY-ST-ZIP	Nolensville, TN 37135
TITLE	ST	3.1 TITLE	
NAME	WRIGHT, SHIRLEY A.	3.2 NAME	
STREET ADDRESS	1003 TARA	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	
NAME	WRIGHT, ESTHER	4.2 NAME	
STREET ADDRESS	1631 FLAT WOODS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEBANON TN	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Pamela J. Wright 3/27/98 (615) 783-1111

CR2E034 (10/97)