

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P29783 (8)**  
1. Corporation Name  
**WRIGHT PLASTICS COMPANY, INC.**



Principal Place of Business Mailing Address  
**3315 MCGAW DR. CHAMBLEE GA 30341** **3315 MCGAW DR. CHAMBLEE GA 30341**

3. Date Incorporated or Qualified **06/13/1990** 3a. Date of Last Report **05/01/1995**  
4. FEI Number **62-1403083** 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. 25. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11. TITLE  Change  Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP  
21. TITLE  Change  Addition  
22. NAME  
23. STREET ADDRESS  
24. CITY-ST-ZIP  
31. TITLE  Change  Addition  
32. NAME  
33. STREET ADDRESS  
34. CITY-ST-ZIP  
41. TITLE  Change  Addition  
42. NAME **VD**  
43. STREET ADDRESS **WRIGHT BLOWNT, WINTON IV**  
44. CITY-ST-ZIP **3315 MCGAW DRIVE  
CHAMBLEE GA 30341**  
51. TITLE  Change  Addition  
52. NAME  
53. STREET ADDRESS  
54. CITY-ST-ZIP  
61. TITLE  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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David S. Kyles* **DAVID S KYLES** **6/25/96** **770 451 0226**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)