

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P92000013977 (3)

1. Corporation Name

WRIGHT WAY SALES, INC.



Principal Place of Business

745 WEST S.R. 434
SUITE A-C
LONGWOOD FL 34750

Mailing Address

745 WEST S.R. 434
SUITE A-C
LONGWOOD FL 34750

3. Date Incorporated or Qualified
12/24/1992

3a. Date of Last Report
04/19/1995

4. FEI Number
59-3163046

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 9. Name and Address of Current Registered Agent

WRIGHT, CHRISTOPHER W
603 QUEENSBRIDGE
LAKE MARY FL 32748

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 below signature of the individual

Signature Registered Agent Signature required when appointing

DATE

12. OFFICERS AND DIRECTORS

P
WRIGHT, CHRISTOPHER W
603 QUEENS BRIDGE
LAKE MARY FL

☐ DELETE

VT
WRIGHT, KIMBERLEY A
603 QUEENS BRIDGE
LAKE MARY FL

☐ DELETE

S
~~ABESSINO, ROCCO~~
~~701 CREEK WATER TERRACE #115~~
~~LAKE MARY FL~~

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP

☐ Change ☐ Addition

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

☐ Change ☐ Addition

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

☐ Change ☐ Addition

4. TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

5. TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

6. TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 of this statement or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (407) 831-1166