

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 10 1998 8:00am
Secretary of State

0002069

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000015519 (0)**

1. Corporation Name
THOMAS E. WRIGHT, P.A.



Principal Place of Business RT. 4 BOX 1555-C STARKE FL 32091 US	Mailing Address P O BOX 516 STARKE FL 32091 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1900 Centre Pointe Blvd Suite, Apt. #, etc. 22 #235 City & State 23 Tallahassee, FL Zip 24 32308 Country 25 USA		2a. Mailing Address 26 PO Box 15093 Suite, Apt. #, etc. 27 City & State 28 Tallahassee, FL Zip 29 32317 Country 30 USA		3. Date Incorporated or Qualified 02/24/1993	
4. FEI Number 59-3167373		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent WRIGHT, THOMAS E RT. 4 BOX 1555-C STARKE FL 32091				10. Name and Address of New Registered Agent 81 Name Wright, Thomas E. 82 Street Address (P.O. Box Number is Not Acceptable) 1900 Centre Pointe Blvd. #235 83 84 City Tallahassee FL 85 Zip Code 32308			
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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 obligation of, section 607.0505, Florida Statutes.

SIGNATURE  DATE **9/8/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	<input type="checkbox"/> DELETE	1.1 TITLE PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WRIGHT, THOMAS E		1.2 NAME Thomas E. Wright	
STREET ADDRESS RT. 4 BOX 1555-C		1.3 STREET ADDRESS 1900 Centre Pointe Blvd #235	
CITY-ST-ZIP STARKE FL 32091		1.4 CITY-ST-ZIP Tallahassee, FL 32308	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE **9/8/98** (850) 487-9663

CR2E034 (5/98)