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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 04 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300065402 (8)

WRIGHT BROTHERS PAINTING DECO. INC.

Principal Place of Business Mailing Address 13614 CALLINGTON DR 13614 CALLINGTON DR WELLINGTON FL 33414 WELLINGTON FL 33414 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/15/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0440088 26 21 \$8.75 Additional Suite, Apt #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes or has paid the current year Intangible Zip Country ☐ No Yes 30 Personal Property Tax due June 30. 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name WRIGHT, RUSSELL 13614 CALLINGTON DR 82 Street Address (P.O. Box Number is Not Acceptable) **WELLINGTON FL 33414** 83 84 City 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 reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition Change DELETE 1.1 TITLE TITLE WRIGHT, RUSSELL D NAME 12 NAME 13614 CALLINGTON DR 1.3 STREET ADDRESS STREET ADDRESS **WELLINGTON FL 33414** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition □ DELETE 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE 3.2 NAME NAME 3.3 S18661 ADDRESS STREET ADDRESS 3.4. C(1Y-ST-ZIP CITY-ST-ZIP DELETE Change Addition Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 1fTLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 THILE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

HA 4/20/58

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.