

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90032 013 ***150.00

DOCUMENT # P94000050700^{ac}

1. Corporation Name

WRIGHTWAY TRANSPORTATION SERVICES, INC.

Principal Place of Business

Mailing Address

P.O. BOX 25761, SAME AS
5201 WEST SPRUCE ST. ← LISTED.
TAMPA, FLORIDA 33622

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

JULY 1ST, 1994

2. Principal Place of Business

2a. Mailing Address

21 5201 W. SPRUCE ST.

26 SAME AS

4. FEI Number

59-3251611

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. BOX 25761

27 ← LISTED.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 TAMPA, FLORIDA

28

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33622 25 USA

29

30

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IAN WRIGHT
P.O. BOX 25761,
5201 WEST SPRUCE STREET
TAMPA, FLORIDA 33622

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: Ian Wright, President IAN WRIGHT, PRESIDENT 4-17-99
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 PRESIDENT ☐ DELETE
NAME IAN WRIGHT
STREET ADDRESS 5201 W. SPRUCE ST BOX 25761
CITY-ST-ZIP TAMPA, FLORIDA 33622

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE: Ian Wright, President IAN WRIGHT, PRESIDENT 4-17-99
Signature, typed or printed name of signing officer or director Date Daytime Phone #

813-319-3822

CR2E034 (1/98)