FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000091197 (1)**

1. Corporation Name
WRITE RESOURCES, INC.

Principal Place of Business	Mailing Address
400 NORTH THISTLE LANE MAITLAND FL 32751	400 NORTH THISTLE LANE MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 230 S.Lincoln Ave.	26 230 S.Lincoln Ave.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Tampa, FL 33609	28 City & State: Tampa, FL 33609
24 Zip	25 Country
29 Zip	30 Country

4. FEI Number: 59-3289548 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS ST. TALLAHASSEE FL 32301	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	PRESIDENT	☐ Change ☑ Addition
NAME	KAUFFMAN, DAN	1.2 NAME	LESLIE J. WRIGHT	
STREET ADDRESS	400 N. THISTLE LANE	1.3 STREET ADDRESS	230 S. LINCOLN AVE.	
CITY-ST-ZIP	MAITLAND FL 32751	1.4 CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		2.1 TITLE		☐ Change ☑ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE	VICE-PRESIDENT	☐ Change ☑ Addition
NAME		3.2 NAME	KEVIN M. GIARTNER	
STREET ADDRESS		3.3 STREET ADDRESS	230 S. LINCOLN AVE.	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	TAMPA, FL 33609	
TITLE		4.1 TITLE		☐ Change ☑ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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 added in connection with an address.

SIGNATURE: D. G. KAUFFMAN 4/20/95 377-9247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

000811 FP