FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000091197 (1)

1. Corporation Name
WRIGHT RESOURCES, INC.

Principal Place of Business	Mailing Address
230 S. LINCOLN AVE. TAMPA FL 33609 US	230 S. LINCOLN AVE. TAMPA FL 33609 US

2. Principal Place of Business
21 2802 W. CLEVELAND AVE
Suite, Apt. #, etc
22 UNIT K
City & State
23 TAMPA FL
Zip 24 33609 Country 25 US

2a. Mailing Address
26 P.O. Box 26192
Suite, Apt. #, etc
27
City & State
28 TAMPA, FL
Zip 29 33623-6192 Country 30 US

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report: 04/26/1995
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

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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 ______

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	KAUFFMAN, DAN	
STREET ADDRESS	400 N. THISTLE LANE	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	P	☐ DELETE
NAME	WRIGHT, LESLIE J	
STREET ADDRESS	230 S. LINCOLN AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	VP	☐ DELETE
NAME	GARTNER, KEVIN M	
STREET ADDRESS	230 S. LINCOLN AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME	WRIGHT, Leslie J	
2.3 STREET ADDRESS	2802 W. CLEVELAND AVE UNIT K	
2.4 CITY-ST-ZIP	TAMPA, FL 33609	
3.1 TITLE	VP	☒ Change ☐ Addition
3.2 NAME	GARTNER, KEVIN M	
3.3 STREET ADDRESS	3114 W. HENRY AVE	
3.4 CITY-ST-ZIP	TAMPA, FL 33614	
4.1 TITLE	D	☐ Change ☒ Addition
4.2 NAME	GARTNER. DWIGHT D	
4.3 STREET ADDRESS	973 BARTLETT LANE	
4.4 CITY-ST-ZIP	ROCKLEDGE FL 32955	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 if changed, or on an attachment with an address.

SIGNATURE: [signature] LESLIE J. WRIGHT 6/6/96 813 877-9247
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)