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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STAT Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9500005190 (0)

WRIGHT PROPERTIES I, INC.

FILED
May 12 1997 8:00am
Secretary of State

Principal Place of Business 129 LINDA AVE PANAMA CITY FL 32401				Mailing Address							4 4 6 4 6	
				129 LINDA AVE PANAMA CITY FL 32401-3263								
									3. Date Incorporated or Qualified 01/13/1995	1	te of Last R 3/1996	eport
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			plied For
21				26					59-3363604		No	t Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	
City & Stato				27							Fee Re	·
23				City & State					6. Election Campaign Financing	F-11	\$5.00	
Zip Country			281	Zip Country					Trust Fund Contribution		Added	
24		25	29	* · · · ·	30	-n '	,		This corporation has liability for Florida Statutes	intangible K I Yes		. 199.032,
531	g, Name	and Address of Curre		tered Agent	130	<u>′</u> J		•	10. Name and Address of New Re	_		
LITT	LETON, JO	E M				81	N	ame				
	LINDA AVE					92		oot Add	room (D.O. Downley have in Mark Assessment		······································	
PANAMA CITY FL 32401					82 Str			reet Addr	ess (P.O. Box Number is Not Accepta	оюј		
						83	1					
						84	Ĉ	ty			85 Zip (Code
44 Durewant	to the provid	sions of Coolings CO7.06	02 and C	O7 1500 Florida	Cintidos		<u></u>		poration submits this statement for the	<u> </u>	<u> </u>	
DITICE OF	registeroa ag	gent, or both, in the Sta	te of Florid	da. Such change	o was auth	norized by	v the	corporat	ion's board of directors. I hereby acce	purpose of pt the appi	changing it pintment as	s registered registered
l -	am tamiliar w	ith, and accept the obli	gations of	f, Section 607.05	505, Florid	la Statute:	S.					
SIGNATURE	Signature, typed	d or printed name of registered a	ond and title	if applicable	(NO) I R	costored Am	ont sic	rial vo recuir	red when reinstating)	DATE		
12.		OFFICERS A			0.0.0	13.	our ore	natore requi	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
TITLE	D			DELE	1E	1.1 TITLE		T			Change	Addition
NAME	LITTLETO					1.2 NAME						
STREET ADDRESS	129 LIND/					1.3 STREET	ADDI	ESS				
CITY-ST-ZIP	PANAMA	CITY FL 32401				1.4 CITY - 9	ST - ZIF					
TITLE				DELE	7E	2.1 TITLE					Change	Addition
NAME						2.2 NAME						
STREET ADDRESS						2.3 STREET	I ADDI	ES\$				
CITY-ST-ZIP						2 4 CHY-	\$1 - 71	,				
TITLE				∐ DETE	HE :	3 1 DTLE					Change	Addition
NAME						32 NAME						
STREET ADDRESS						3 3 STREET						
CITY-ST-ZIP TITLE	 			DELE	15	3 4. CITY - 5	ST - 76	·			Ch	Aparent 1
NAME				ப	1.	4.1 TITLE					☐ Change	Addition
STREET ADDRESS						4. 2 NAME 4.3 STREET	. Arits	1.00				
CITY-ST-ZIP						4.3 STREET	MUUI					
TITLE	 					AACITY O	97 3 -6					
NAME			·	□ DELE	TE	4.4 CITY - S	ST - ZIF				Channe	Addition
STREET ADDRESS			·	D£LE	TE .	5.1 TITLE	81 - ZIF				☐ Change	Addition
			·	☐ D£LE	TE .	5.1 TITLE 5.2 NAME					Change	Addition
			•	DELE	TE .	5.1 TITLE 5.2 NAME 5.3 STREET	i addi	ESS			☐ Change	Addition
CITY-ST-ZIP TITLE				☐ DELE		5.1 TITLE 5.2 NAME	i addi	ESS			☐ Change	Addition Addition
-CITY-ST-ZIP						5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	i addi	ESS				

64 CITY-ST-ZIP

14. I do 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 erport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receipt 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 or an archiment with an address.