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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000018909 (8) DOCUMENT #

1. Corporation Name

THE WRIGHT WAY MANAGEMENT INC.

Principal Place of Business

Mailing Addrage



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|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------|
| 161 43RD AVE ST PETERSBUR | | 161 43RD AVE ST PETERSBURG FL 33706 | 3 | | |
| | | | | 3. Date incorporated or Qualified 03/06/1995 | 3a. Date of Last Report |
| 2. Principa' Plac | pe of Business | 2a. Mailing Address, | ^ ^ | 4. FEI Number | Applied For |
| | Pristol Bay Dr. | 26 11065 Bristol | Bas Do | 159-324 749Y | Not Applicable |
| Suite Apt. # | 4 | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | Braden for FL-34209 28 Braden to | | , Fl 3420 | 6. Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| 3420 | 09 25 Manates | Zip | 10 Manates | | □ No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New I | Registered Agent |
| WRIGHT, | FDNA C | | 81 Name | Cright Edna | <u> </u> |
| 161 43RD AVE ST PETERSBURG FL 33706 | | | 82 Street Address (P.P. Box Number is Not Acceptable) 11005 Sristol Bay Dr. 1004 | | |
| OT TELE | iopona (E do) do | | 84 City 🗘 | S 10. 1 - | FL 85 Zip Code 29 |
| 11 Durement to | the provisions of Sections 607 0502 a | and 607 1508 Florida Statutes. | the above named corpo | Practice and tox | |
| or registers | agent, or both, in the State of Florida | Such change was authorized | by the corporation's bo | oration submits this statement for the pu and of directors. I hereby accept the app | ointment as registered agent. I am |
| tamiliar Will | E1 /0 /1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 | 11 bur .0005, Florida Statules. | | 111 | 2-18-96 |
| signature | Edna C. W Y I i Signature: typed or printed name of registered agent an | 7 http://www.norte. | Registered Agent sign trate requir | red when registating) | DATE |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OF | ICERS AND DIRECTORS IN 12 |
| TILLE | DP | ☐ DELĒTĒ | 1, 1 THILE | Wright Edna C | Change Addition |
| NAME | WRIGHT, EDNA C | | 1.2 NAME | 11005 Brisvol B | ay Drive 1004 |
| STHEE! ADDRESS | 161 43RD AVE | | 1.3 STREET ADDRESS | | 1 34209 |
| CITY-ST-7IP | ST PETERSBURG FL 33706 | | 14 CHTY - ST - ZIP | Bradenton, 1 | L 37001 |
| UILF | DV | DELETE | 2 1 TITLE | 1 hight harve | Change Addition |
| NAME I | WRIGHT, LARRY | | 2 2 NAME | whight harry | |
| STREET ADORESS | 161 43RD AVE | | 2.3 STREET ADDRESS | 5911 Eric AVG | 11-107 |
| CHY-S1-7IP | ST PETERSBURG FL 33706 | | 2.4 CITY - ST - ZIP | Cincinati OH | 45227 |
| ITLE | DST | ☐ DELETE | 3 1 TITLE | | ☐ Change ☐ Addition |
| ŧΑΜΕ | MCKENNY, KANDICE K | _ | 3.2 NAME | | |
| THEFT ADDRESS | 237 41ST AVE | | 3.3 STREET ADDRESS | | |
| | ST PETERSBURG FL 33706 | | 3 4 CITY-ST-ZIP | | |
| | | | | | Change Addition |
| | | ☐ DELETE | 4 1 TITLE | | |
| lett; F | | ☐ DELFTE | 4 1 TITLE 42 NAME | | |
| TET: F NAME | | ☐ DETELE | 4 2 NAME | | |
| NAME STREET ADDRESS | | ☐ DELETE | 4.2 NAME 4.3 STREET ADDRESS | | |
| HITLE NAME STREET ADDRESS CHY-ST-ZIP | | ☐ DETEIE | 4 2 NAME | | Change Addition |
| IFTEF NAME STHEET ADDRESS CHY-ST-ZIP | | | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE | | |
| IETEF NAME STREET ADDRESS CITY-ST-ZIP TITLE | | | 4 2 NAME 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME | | |
| THEF NAME STHEET ADDRESS CHY-ST-ZIP THEF NAME STHEET ADDRESS | | | 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS | | |
| TULE NAME STREET ADDRESS CHY-ST-ZIP TITE NAME STREET ACORESS CHY-ST-ZIP | | ☐ DELETE | 4 2 NAME 4.3 STREET ADDRESS 4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME | | |
| THE F NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THE | | | 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | Change Addition |
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| CHY-ST-ZIP THEF NAME STREET ADDRESS CHY-ST-ZIP THE NAME STREET ADDRESS CHY-ST-ZIP THEE NAME STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP CHY-ST-ZIP | | ☐ DELETE | 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE | | Change Addition |

certify that the information indicates on this arrived report or supplemental arrived report is the accordance and that my signature shall never the same legal enter as in that I am an officer or director of the corporation of the receiver or truste 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: