

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

FILED

May 01 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018909 (8)

1. Corporation Name

THE WRIGHT WAY MANAGEMENT INC.

Principal Place of Business

11065 BRISTOL BAY DRIVE
#1004
BRADENTON FL 34209
US

Mailing Address

11065 BRISTOL BAY DRIVE
#1004
BRADENTON FL 34209-7827
US3. Date Incorporated or Qualified
03/06/19953a. Date of Last Report
02/23/1996

2. Principal Place of Business

21 6710 ELLENTON Gillette Rd.

2a. Mailing Address

26 6710 ELLENTON Gillette Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #29

27 #29

City & State

City & State

23 Palmetto FLORIDA

28 Palmetto, Florida

Zip

Country

Zip

Country

24 34221

25 US

29 34221

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WRIGHT, EDNA C

11065 BRISTOL BAY DRIVE
BRADENTON FL 34209

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

6710 ELLENTON Gillette Rd.

83 #29

84 City

Palmetto FL 34221

85 Zip Code

34221

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

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	DP	<input type="checkbox"/> DELETE
NAME	WRIGHT, EDNA C	
STREET ADDRESS	11065 BRISTOL BAY DRIVE	
CITY - ST - ZIP	BRADENTON FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WRIGHT, LARRY	
STREET ADDRESS	5911 ERIE AVENUE	
CITY - ST - ZIP	CINCINNATI OH	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	MCKENNY, KANDICE K	
STREET ADDRESS	237 41ST AVE	
CITY - ST - ZIP	ST PETERSBURG FL 33708	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-97 941-723-1787

CR2E034 (9/96)