

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000018909

1. Corporation Name

THE WRIGHT WAY MANAGEMENT INC.

FILED
Feb 03, 1999 8:00am
Secretary of State

02-03-1999 90029 045 *****150.00



Principal Place of Business
6710 ELLENTON GILLETTE RD
SUITE 29
PALMETTO FL 34221
US

Mailing Address
6710 ELLENTON GILLETTE RD
SUITE 29
PALMETTO FL 34221
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1995

Applied For

Not Applicable

4. FEI Number

59-3297498

\$8.75 Additional
Fee Required

5. Certificate of Status Desired

☐

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

City & State

23 Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
WRIGHT, EDNA C
11065 BRISTOL BAY DRIVE
BRADENTON FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
MCKENNY, KANDICE K
237 41ST AVE
ST PETERSBURG FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Faded text]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Faded text]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Faded text]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Faded text]

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
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
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

SIGNATURE:

Signature, typed or printed name of signing officer or director

1-18-99

Date

944-723-1787

Daytime Phone #

CR2E034 (1/1/98)