Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90010 035 ***150.00

04-25-1999 90010 036 *****8.75

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 # P95000096231 1. Corporation Name

STREET ADDRE S

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

WRIGHT	way Builders, Inc.						
Principal Place	e of Business	Mailing Address			ilia artin tinne ittel	1181 1881	
144 N. ATLAS DR.		144 N. ATLAS DR.					
APOPKA FL 32703		APOPKA FL 32703			DO NOT WRITE IN THIS SPACE		
US		US			3. Date incorporated or Qualifed		
					· ·		
		On Mailing Address			12/20/1995 4. FEI Number	Aprilied	1 For
	lace of Business	2a. Mailing Address	_			<u> </u>	plicable
21 24149 Adair Avenue		26 24149 Adair Avenue Suite, Apt. #, etc.		enue_	59-3349751 Not Appl		
Suite, A >t. #, etc.		27			5. Certifcate of Status Desired XX Fee Recuired		
City & State		City & State			6. Election Campaign Financing	\$5.00 May	
Sorrento, Florida		⊢ , ′	28 Sorrento, Flori		Trust Fund Contribution	Added to Fees	
Zip	Courtry	Zip	Count		8. This corporation owes the current year intar	ngible	
24 3277	· ·	29 32776[30USA			∐ Yes ∭ N	10
24 3211	9. Name and Address of Curre	nt Registered Agent	···USA		10. Name and Address of New Registered A	gent	
144	GHT, WARREN M N. ATLAS DR. PKA FL 32703		83		Aright, Warren M Acdress (P.O. Box Number is Not Acceptable) 4.9 Adair Avenue Frento, FL	85 Zip Code 3 2 7 7	
office c r n	egistered agent, or bo h, in the State m familiar with, and accept the obliga PLES GOVT WARR	ations of, Section 607.0505, Flori	ida Statut	ove-named by the corpo es.	corporation submits this statement for the purpose of core tion's board of cirectors. I hereby accept the appointment of the purpose of the p	hanging its regi	stered
	Signature, typed or printed na ne of registered age	NE) DIRECTORS	13.	gent signature r	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS	IN 12
TITLE	P OFFICERS AI	DELETE	1.1 TITLE				Addition
	' ·	<u></u>	1.2 NAM		President		
NAME	Wright, Warren 144 n. Atlas dr.			ET ADDRESS	Wright, Warren		
STREET ADDRE 3S	APOPKA FL 32703			24149 Adair Avenue			
CITY-ST-ZIP	VP DELETE		2.1 TITLE			Change [Addition
NAME	**				Vice President		
	WRIGHT, ETHAN 144 N. ATLAS DR.		22 NAM		Wright, Ethan		
STREET ADDRE 3S			1		P.O. Box 262		
CITY-ST-ZIP	APOPKA FL 32703		3.1 TITLE		Everglades City, FL 341		Addition
NAME			3.2 NAM		Divergrades croy, FD 341		
STREET ADDRE 3S				ET ADDRESS			
				-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITU	_	Secretary/Treas.	Change X	Addition
NAME			4. 2 NAM		Stenstrom, Robin M.		

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 attach nent with an address, with a lother like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

☐ DELETE

Change

Change

Addition

Addition

24149 Adair Avenue

Sorrento, FL 32776