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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 09 1997 8:00am Secretary of State

DOCUMENT # P9600046196 (7)  1. Corporation Name WRIGHT'S TRUCKING, CORP.  Principal Place of Business  Mailing Address 2507 3RD ST E LEHIGH ACRES FL 33936  LEHIGH ACRES FL 33972-5473								
					3. Date Incorporated or Qualified	3a. Date	of Last R	eport
					05/31/1996		<del></del>	
. Principal Plac	ge of Business	2a. Mailing Address			4. FEI Number 65-0676287		<del></del>	oplied For of Applicable
1 Suite, Apt. #,	etc.	Suite, Apt. #, etc.	<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>					Additional
<u> </u>		27			5. Certificate of Status Desired			quired
City & State		City & State			6. Election Campaign Financing		\$5.00	
7	Country	28 Zip	Country		Trust Fund Contribution	<u> Ц</u>		to Fees
<i>Z</i> (p)	25	29	30		This corporation has liability for Florida Statutes	intangible ta X Yes 🔲		. 199.032,
<u> </u>	9. Name and Address of Curren		1301		10. Name and Address of New Re		*******	
JONES	S, LUCILLE W		81	Name				
	BRD ST E		62	Street Addr	ress (P.O. Box Number is Not Acceptal	ble)	······································	
LEHIGH	H ACRES FL 33936		83					
			03					
			84	City		FL	<b>85</b> Zip	Code
1. Pursuant to	the provisions of Sections 607.050	02 and 607.1508, Florida State	utes, the above	e-named corp	poration submits this statement for the		hanging if	ts registered
office or reg	gistered agent, or both, in the State familiar with, and accept the oblid	e of Florida. Such change was	s authorized by	the corporat	tion's board of directors. I bereby acce	pt the appoi	ntment as	registered
acient Lam			Florida Statutes		north board or directions. Thereby about			
	The state of the s	gations of, section 607,0303, r	Florida Statutes	š. ·	poration submits this statement for the tion's board of directors. I hereby acce			
IGNATURE 519	granus, typed or printed name of registered ag	ent and little if applicable (NC	OTE: Registered Age		red when reinstating)	DATE		
GNATURE Sig	gratus. Typed or proved name of registered ag OFFICERS AN	gent and little if applicable (NO ND DIRECTORS	OTE: Registered Age			DATE CERS AND (	DIRECTOR	RS IN 12
IGNATURE sign	OFFICERS AN	ent and little if applicable (NC	DTE: Registered Age 13. 1.1 TITLE		red when reinstating)	DATE CERS AND (		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone \*

0406222