

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

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90012 003 *****8.75

04-25-1999 90012 004 ***150.00

DOCUMENT # P97000039869

1. Corporation Name

WRIGHTWAY ENTERPRISES OF NAPLES, INC.

Principal Place of Business

601 AUTO RANCH ROAD
NAPLES FL 34114

Mailing Address

601 AUTO RANCH ROAD
NAPLES FL 34114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

59-3444912

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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

2. Principal Place of Business

21 24149 Adair Avenue

Suite, Apt. #, etc.

22

City & State

23 Sorrento, Florida

Zip

24 32776

Country

25 usa

2a. Mailing Address

26 24149 Adair Avenue

Suite, Apt. #, etc.

27

City & State

28 Sorrento, Florida

Zip

29 32776

Country

30 usa

9. Name and Address of Current Registered Agent

FRANK, ANN T
2124 AIRPORT ROAD SOUTH #102
NAPLES FL 34112

10. Name and Address of New Registered Agent

81 Name

Warren M. Wright

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

24149 Adair Avenue

83

84 City

Sorrento

FL

85 Zip Code
32776

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, am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

President WARREN M. Wright

(NOTE: Registered Agent signature required when reinstating)

DATE

4-10-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME WRIGHTWAY, WARREN

STREET ADDRESS 2124 AIRPORT ROAD SOUTH #102

CITY-ST-ZIP NAPLES FL 34102

TITLE D ☒ DELETE

NAME RINGER, SETH

STREET ADDRESS 2124 AIRPORT ROAD SOUTH #102

CITY-ST-ZIP NAPLES FL 34102

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Wright, Warren

1.3 STREET ADDRESS 24149 Adair Avenue

1.4 CITY-ST-ZIP Sorrento, FL 32776

2.1 TITLE Vice president ☐ Change ☒ Addition

2.2 NAME Wright, Ethan

2.3 STREET ADDRESS P.O. Box 262

2.4 CITY-ST-ZIP Everglades City, FL 34139

3.1 TITLE Secretary/Treas. ☐ Change ☒ Addition

3.2 NAME Robin M. Stenstrom

3.3 STREET ADDRESS 24149 Adair Avenue

3.4 CITY-ST-ZIP Sorrento, FL 32776

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 attachment with an address, with all other like empowered.

SIGNATURE:

WARREN M. Wright Warren M. Wright 4-10-99 352 383-9636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0464136

CR2E034 (11/98)