## 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 # P98000081005

1. Corporation Name

THE WRIGHT FOOD CO. OF KEY WEST

	•					:			
Principal Place of Business Mailing Address								12,47,774,744,744	
1800 N. ROOSEVELT BLVD. 1800 N. ROOSEVELT BLVD.									
KEY WEST FL 33040 KEY WEST FL 33040							DO NOT WRITE IN THIS SPACE		
•							3. Date Incorporated or Qualified	- ST AOL	
							09/15/1998		·
On Malling Address							4. FEI Number		pplied For
2. Principal Pr	ace of Business	2a. Mailing Address				65-0872362		ot Applicable	
21	4	Suite, Apt. #, etc.				(30 03 100 03	<del></del>	Additional	
Suite, Apt.:	#, etc.					5. Certifcate of Status Desired		equired	
22]		City & State					& Florian Commiss Financing		May Be
City & State	<del>u</del>	<u>⊢</u> , ·				6. Election Campaign Financing Trust Fund Contribution		to Fees	
23 Zip	Country	Zip Country					8. This corporation owes the current year Inc		10 1 505
<del>-,</del> '	25	29	30	,			Personal Property Tax.	Yes	□No
24	9. Name and Address of Current	11	30]	1			10. Name and Address of New Registered		
	3. Italie and Address of Correct	Negistered Agent		81	Name				
WRIC	SHT, SEAN T			Ш					
1800 N. ROOSEVELT BLVD.				82	82 Street Address (P.O. Box Number is Not Acceptable)				
KEY WEST FL 33040				83	_				
	•			84	City		FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes								changing it	e registered
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	! and 607.1508, Florida Statuti of Florida, Such change was a	es, ine uthorize	above ed by	the corpo	oration	n's board of directors. I hereby accept the appo	intment as re	egistered
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Flo	rida Sta	tutes					
SIGNATURE									
	Signature, typed or printed name of registered agent				it signature r	equired v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECT	ORS IN 12
12.	OFFICERS ANI	D DIRECTORS  DELETE	13	TITLE		<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	D WIDIOUT CEAN T							+g-	
NAME	WRIGHT, SEAN T			NAME					}
STREET ADDRESS	1800 N. ROOSEVELT BLVD.			1.3 STREET ADDRESS					
CITY-ST-ZIP	KEY WEST FL 33040		_	1.4 CITY-ST-ZIP				Channa	Addition
TITLE	D DELETE			2.1 TITLE				☐ Change	☐ Addition
NAME	WRIGHT, KIMBERLY		2.21	VAME					}
STREET ADDRESS	1800 N. ROOSEVELT BLVD.		2.3	STREET	ADDRESS		•		ļ
CITY-ST-ZIP	KEY WEST FL 33040		2.4	CITY-S	T-ZIP	L			
TITLE	المراجع المحتملين والمحافظ	~ · · · · DELETE	3.1	TITLE			· 2	Change_	Addition
NAME			3.2	NAME					
STREET ADDRESS	·		3.3	STREET	ADDRESS				
CITY-ST-ZIP	, ·		3.4.	CITY-S	T-ZIP				
TITLE		☐ DELETE	4.1	TITLE				Change	☐ Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3	STREET	ADDRESS	-			
CITY-ST-ZIP			4.4	CITY-S	T- ZIP				
TITLE		☐ DELETE		TITLE				Change	☐ Addition
NAME	,			NAME		1			į
STREET ADDRESS			5.3	STREET	TADORESS	1			}
				CITY-S		1			}
CITY-ST-ZIP TITLE		☐ DELETE		TITLE	· ·	<del> </del>		☐ Change	☐ Addition
		الماداد ليا		NAME					_
NAME ·	,				TADORESS				ļ

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 carporation or the receiver of rustee 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. 305 2940001

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90200 050 \*\*\*150.00