FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:26

DOCUMENT # **S24835** **(8)**

1. Corporation Name
WRIGHT & ASSOCIATES ACCOUNTING AND BUSINESS MANA GEMENT, INC.

Principal Place of Business	Mailing Address
440 GULF OF MEXICO DR. LONGBOAT FL 34228	440 GULF OF MEXICO DR. LONGBOAT FL 34228

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1991
3a. Date of Last Report: 04/25/1994

21 2. Principal Place of Business: 406 Sarasota Quay
26 2a. Mailing Address: 406 Sarasota Quay
4. FEI Number: 65-0232872 ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.:
27 Suite, Apt. #, etc.:
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State: Sarasota FL
28 City & State: Sarasota FL
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 Zip: 34236 25 Country: Sarasota
29 Zip: 34236 30 Country: Sarasota
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WRIGHT, BARBARA E. ~~440 GULF OF MEXICO DR~~ ~~LONGBOAT KEY FL 34228~~	81 Name: WRIGHT BARBARA 82 Street Address (P.O. Box Number is Not Acceptable): 406 Sarasota Quay 83 84 City: Sarasota FL 85 Zip Code: 34236

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☑ Change ☐ Addition
NAME	WRIGHT, BARBARA E.	12 NAME	WRIGHT BARBARA E
STREET ADDRESS	~~2110 BEN FRANKLIN DR.~~	13 STREET ADDRESS	4803 6YR DR W
CITY-ST-ZIP	~~SARASOTA FL~~	14 CITY-ST-ZIP	BRADENTON FL 34210
TITLE	D	21 TITLE	☑ Change ☐ Addition
NAME	WRIGHT, G. CLIFFORD	22 NAME	WRIGHT, G. CLIFFORD
STREET ADDRESS	~~2110 BEN FRANKLIN DR.~~	23 STREET ADDRESS	4803 6YR DR W
CITY-ST-ZIP	~~SARASOTA FL~~	24 CITY-ST-ZIP	BRADENTON, FL 34210
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on an attachment with an asterisk.

SIGNATURE: Barbara E Wright 3-27-95 366-0344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #