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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # Corporation Name

S24835

(8)

WRIGHT & ASSOCIATES ACCOUNTING AND BUSINESS MANA GEMENT, INC. Principal Place of Business Mailing Address 406 SARASOTA OUNY QUAY 406 SARASOTA QURY QUBY SARASOTA FL 34236 SARASOTA FL 34236 3a. Date of Last Report 3. Date Incorporated or Qualified 03/30/1995 01/14/1991 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0232872 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite. Apt. #. etc. 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 8. This corporation has liability for intangible tax under s 199.032, Country Country $Z_{\rm ID}$ Ζip Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name WRIGHT, BARBARA E. Street Address (P.O. Box Number is Not Acceptable) 82 406 SARASOTA GURY QUAY 83 SARASOTA FL 34236 Zio Code 84 City 85 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 involte. Regeneral April signature required when remaining-Signature, typest or ports diname of registered ages Land the it as please. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition TITLE 1. 1 TITLE WRIGHT, BARBARA E. 1.2 NAME NAME 4803 64TH DRIVE W. 1.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL** 1.4 CHY-ST-ZIP CITY-ST-ZIP DELETE [7] Change Addition D 2 1 TO:LE TITLE WRIGHT, G. CLIFFORD 2.2 NAME NAME 4803 64TH DRIVE, W. 2.3 STREET ADDRESS STREET ADDRESS **BRADENTON FL** 2.4 CITY - ST ZIP CITY-ST-ZIP DELETE Change Add-tion 3 1 TITLE TITLE 3.2 NAME

6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY+ST-ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 early; 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 pr Block 13 if changed, or on an attachment with an address.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

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6.1 TITLE

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3.4 CITY-ST-ZIP

4 1 TITLE

4.2 NAME

5 1 TITLE

SIGNATURE:

NAME

TITLE

NAME

THEF NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CHTY - ST-ZIP

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D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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