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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S95752

(9)

LAURA B. WRIGHT, P.A.

Principal Place of Business

Mailing Address

110 PERRY AVENUE

FILED Apr 06 1998 8:00am Secretary of State



110 PERRY AVENUE FORT WALTON BEACH FL 32549 FORT WALTON BEACH FL 32549 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/21/1991 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3103457 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. □Ño 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WRIGHT, LAURA B. 110 PERRY AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32548 83 84 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE Change Addition 1.1 TITLE WRIGHT, LAURA B. NAME 1.2 NAME 110 PERRY AVENUE STREET ADDRESS 1.3 STREET ADDRESS FORT WALTON BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE ☐ DELETE 2.1 TITLE Change Addition WRIGHT, LAURA B. 2.2 NAME 110 PERRY AVENUE STREET ADDRESS 2.3 STREET ADDRESS FORT WALTON BEACH FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4 2 NAMI STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify to 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, Floring Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.