FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S99459

RIGHT-WAY SERVICE INC.

如果,我们就是我们的一个时间,我们就是我们的一个时间,我们就是一个一个时间,我们就是一个时间,我们就是我们的一个时间,我们们也是一个一个时间,也可以是一个一个时间 《《《《《》》,《《》《《》,《《》 《《》,《《》《》,《《》《》,《》《》,《《》《》,《《》《》,《《》《》,《《》《》,《》《》,《》《》《》,《》《》

FILED						
Apr 24 1998 8:00am						
Secretary of State						
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Principal Place of Business	Mailing Address				
8044 SR 54 STE #2 NEW PORT RICHEY FL 34653 US	6149 7TH AVENUE NEW PORT RICHEY FL US	34653-5207		DO NOT WRITE IN THI 3. Date Incorporated or Qualified 12/11/1991	\$ SPACE
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			59-3106014	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25	Z ₁ p	Country 30	<i>y</i>	This corporation owes or has paid the operational Property Tax due June 30.	current year Intangible
9. Name and Address of Current Registered Agent				10. Name and Address of New Registers	d Agent
LEIGHTY, JEFFREY A. 6149 7TH AVENUE NEW PORT RICHEY FL 34653			B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3		
		84	City	F	85 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 it applica-	ton (NOTE E	Desistand Asset sinceture	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	DELETE	1.1 TOTLE	☐ Change ☐ Addition
NAME	LEIGHTY, JEFFREY A		1.2 NAME	
STREET ADDRESS	8149 7TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY - ST - ZIP	
TITLE		DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	·•
STREET ADDRESS			2 3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY+ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 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 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 recoiver 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.

SIGNATURE, JULY A FILL

TERROY IN 1 CICHTY 4-16-95 813-849-9442