

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 160878

1. Entity Name
WHITE CONSTRUCTION COMPANY, INC.



Principal Place of Business

U.S. HWY. 19 NORTH
P. O. DRAWER 790
CHIEFLAND, FL 32644

Mailing Address

U.S. HWY. 19 NORTH
P. O. DRAWER 790
CHIEFLAND, FL 32644



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0619348

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, JUANITA M
12751 US HWY 19N
CHIEFLAND, FL 32626

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000935001
05/23/08-80055-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITE, J M
STREET ADDRESS	US HIGHWAY 19
CITY - ST - ZIP	CHIEFLAND, FL 32626
TITLE	VST
NAME	WHITE, J. M.
STREET ADDRESS	US HWY 19, PO BOX 790
CITY - ST - ZIP	CHIEFLAND, FL
TITLE	VD
NAME	BENNETT, N. W.
STREET ADDRESS	US HWY 19, PO BOX 790
CITY - ST - ZIP	CHIEFLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Juanita M. White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08
Date

352-493-1444
Daytime Phone #