

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

FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 225993 (5)
1. Corporation Name
WHITE TOWERS INC



Principal Place of Business Mailing Address
7785 66TH ST NORTH 7785 66TH ST NORTH
PO BOX 8080 PO BOX 8080
PINELLAS PARK FL 34664-8080 PINELLAS PARK FL 34664-8080
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date Incorporated or Qualified

07/17/1959

4. FEI Number Applied For
59-6069092 Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JERGER, THOMAS J
7785 66TH STREET NORTH
PINELLAS PARK FL 34685

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS
TITLE VD ☐ DELETE
NAME JERGER, THOMAS J
STREET ADDRESS 10305 61ST CT NO
CITY-ST-ZIP PINELLAS PK FL
TITLE PD ☐ DELETE
NAME JERGER, RICHARD M
STREET ADDRESS 43 DOLPHIN DR
CITY-ST-ZIP TREASURE ISL FL
TITLE VD ☐ DELETE
NAME JERGER, EVELYN W
STREET ADDRESS 43 DOLPHIN DR
CITY-ST-ZIP TREASURE ISL FL
TITLE VD ☐ DELETE
NAME WHITE, ANN M
STREET ADDRESS BOX 832 N/A
CITY-ST-ZIP FLORAL CITY, FL 00000
TITLE DST ☒ DELETE
NAME HOLLAND, LESTER F.
STREET ADDRESS 7505 WILLOW CT
CITY-ST-ZIP TAMPA FL
TITLE VD ☐ DELETE
NAME MARTIN, MARY JANE
STREET ADDRESS 1043 31ST TERRACE NE
CITY-ST-ZIP ST. PETERSBURG FL
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 34666
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33706
3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33706
4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 32636
5.1 TITLE ☐ Change ☒ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33549
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 33704

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 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 on an attachment with an address.

SIGNATURE

[Signature]

4/2/98

213-544-8911

CR2E034 (10/97)