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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90196 050 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 225993

1. Corporation Name

WHITE TOWERS INC

Principal Place of Business

7785 66TH ST NORTH
PO BOX 8080
PINELLAS PARK FL 33780-8080
US

Mailing Address

7785 66TH ST NORTH
PO BOX 8080
PINELLAS PARK FL 33780-8080
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1959

4. FEI Number

59-6069092

Applied For

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

JERGER, THOMAS J
7785 66TH STREET NORTH
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

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
NAME JERGER, THOMAS J
STREET ADDRESS 10305 61ST CT NO
CITY-ST-ZIP PINELLAS PK FL 34666 ☐ DELETE

TITLE PD
NAME JERGER, RICHARD M
STREET ADDRESS 43 DOLPHIN DR
CITY-ST-ZIP TREASURE ISL FL 33706 ☐ DELETE

TITLE VD
NAME JERGER, EVELYN W
STREET ADDRESS 43 DOLPHIN DR
CITY-ST-ZIP TREASURE ISL FL 33706 ☐ DELETE

TITLE VD
NAME WHITE, ANN M
STREET ADDRESS BOX 832 N/A
CITY-ST-ZIP FLORAL CITY, FL 00000 32636 ☐ DELETE

TITLE DST
NAME MEYER, BRUCE T
STREET ADDRESS 506 BROOKTREE CT
CITY-ST-ZIP LUTZ FL 33549 ☐ DELETE

TITLE VD
NAME MARTIN, MARY JANE
STREET ADDRESS 1043 31ST TERRACE NE
CITY-ST-ZIP ST. PETERSBURG FL 33704 ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(l), 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, with all other like empowered.

SIGNATURE:

Signature Required

4-14-99

727-546-8911-128

CR2E034 (11/98)