EII ED

DOCUMENT # 231769 1. Entity Name GEO. WHITE & ASSOCIATES, INC.			May 06, 2002 8:00 am Secretary of State 05-06-2002 90276 046 ***150.00	
Principal Place of Business 9 GEORGE E WHITE JR. 3800 HAYMAN LANE WALNUT HILL FL 32588	Mailing Address % GEORGE E WHITE. JR 3800 HAYMAN LANE WALNUT HILL FL 92568			
MS. GEDRGE ANN 6 DE 2. Principal Place of Business 38 11 HAYMAN LA Suite, Apt. #, etc.	3811 #44/19 Suite, Apt. #, etc.		DO NOT WRITE IN	
City & State WALNUT HILL, F	City & State WALWUT A	hu FL	4. FEI Number 59-0897664	Applied For Not Applicable
52568 USA	Current Registered Agent	Country S A	Certificate of Status Desired Name and Address of New Register	Fee Required
WHITE, GEURGE E., JR. 3800 HAYMAN LANE WALNUT HILL FL 32568.	÷ .⊹	Name MS, GE Street Address 3811 H WALM City	ORGE ANN GOODMA (P.O. Box Number is Not Acceptable) AYMAN LAND UT HUL	FL Zin Cade / P
8. The above named entity submits this standard	transpille FILE NOW!!	Registered Agent signature requirer	ered agent, or both, in the State of Florida.	4/19/02
(See criteria on back)		2 Fee will be \$550.00 e to Department of Sta	Trust Fund Contribution.	Added to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP PST WHITE, GEORGE E., JR. 3800 HAYMAN LANE WALNUT HILL FL	DIED 2/11/01	112. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP D WHITE, GEORGE E., JR. 3800 HAYMAN LANE WALNUT HILL FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
NAME STREET ADDRESS- CITY-ST-ZIP VP WHITE, CYNTHIA L. 3800 HAYMAN LANE WALNUT HILL FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary	Change —Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP STVP GOODMAN, GEORGE ANI 3811 HAYMAN LANE WALNUT HILL FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	sident, Treasurer	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	☐ Delete	TITLE		Change C Addition

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATUR

☐ Change

☐ Addition