FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 8:26

DOCUMENT # **373638** **(6)**

1. Corporation Name
WHITESELL-GREEN, INC.

Principal Place of Business	Mailing Address
4520 NORTH DAVIS HIGHWAY P.O. BOX 2649 PENSACOLA FL 32513-7849	4520 NORTH DAVIS HIGHWAY P.O. BOX 2649 PENSACOLA FL 32513-7849

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/03/1970**
3a. Date of Last Report: **02/25/1994**

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

4. FEI Number: **59-1307427** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CONDON, A.G., JR.
30 SOUTH SPRING ST.
PENSACOLA FL 32501

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 _____ DATE
Signature, typed or printed name of registered agent and new if applicable — DATE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	☒ Change ☐ Addition	
NAME	GREEN, RALPH S.	12 NAME	PLEASE REMOVE THIS NAME. (DECEASED)	
STREET ADDRESS	4520 N. DAVIS HWY	13 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL	14 CITY ST ZIP		
TITLE	PD	21 TITLE	☐ Change ☐ Addition	
NAME	WHITESELL, WILLIAM K., J	22 NAME		
STREET ADDRESS	4520 N. DAVIS HWY.	23 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL	24 CITY ST ZIP		
TITLE	VD	31 TITLE	☐ Change ☐ Addition	
NAME	TATUM, LAWRENCE B	32 NAME		
STREET ADDRESS	4520 N. DAVIS HWY.	33 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL	34 CITY ST ZIP		
TITLE	STD	41 TITLE	☐ Change ☐ Addition	
NAME	LUKER, CLYDE A	42 NAME		
STREET ADDRESS	4520 N. DAVIS HWY.	43 STREET ADDRESS		
CITY ST ZIP	PENSACOLA FL	44 CITY ST ZIP		
TITLE		51 TITLE	☐ Change ☐ Addition	
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE	☐ Change ☐ Addition	
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Clyde A. Luker CLYDE A LUKER 3/27/95 (904) 434-5311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #