

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

FILED

May 13 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 399426 (6)

1. Corporation Name
WHITE PROPERTIES, INC.

Principal Place of Business
1805 TERRY DRIVE
ALTAMONTE SPRINGS FL 32714-7223

Mailing Address
1005 TERRY DRIVE
ALTAMONTE SPRINGS FL 32714-7223

3. Date Incorporated or Qualified 04/18/1972
3a. Date of Last Report 04/12/1996

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|---|---|--|--|--|--|
| 2. Principal Place of Business 21 12 Clearview Ct, So Suite, Apt. #, etc. 22 City & State 23 Palm Coast, FL Zip 24 32137 Country 25 Angles | 2a. Mailing Address 26 12 Clearview Ct, South Suite, Apt. #, etc. 27 City & State 28 Palm Coast, FL Zip 29 32137 Country 30 Angles | 4. FEI Number 59-1395835 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|--|--|--|--|

9. Name and Address of Current Registered Agent

D.L. WHITE
1005 TERRY DR.
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

| | | | | |
|---------|---|----|------------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | 12 Clearview Ct., So | | Palm Coast | FL 32137 |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D.L. WHITE | 1.2 NAME | |
| STREET ADDRESS | 1005 TERRY DR. | 1.3 STREET ADDRESS | 12 Clearview Ct, So |
| CITY-ST-ZIP | ALTAMONTE SPRGS FL | 1.4 CITY-ST-ZIP | Palm Coast, FL 32137 |
| TITLE | DVP <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, MARY LOU | 2.2 NAME | |
| STREET ADDRESS | 1005 TERRY DR. | 2.3 STREET ADDRESS | Same |
| CITY-ST-ZIP | ALTAMONTE SPRGS FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, D. GREGORY | 3.2 NAME | |
| STREET ADDRESS | 1005 TERRY DR. | 3.3 STREET ADDRESS | 905 Norfolk Ct. |
| CITY-ST-ZIP | ALTAMONTE SPRGS FL | 3.4 CITY-ST-ZIP | Longwood, FL 32750 |
| TITLE | STD <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WHITE, RUSSELL T. | 4.2 NAME | |
| STREET ADDRESS | 1005 TERRY DR. | 4.3 STREET ADDRESS | 1516 Oriole St |
| CITY-ST-ZIP | ALTAMONTE SPRGS FL | 4.4 CITY-ST-ZIP | Longwood, FL 32750 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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:  4/30/97 (904) 445-837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)