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

APPROVED AND FILED
95 MAY -1 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **439115** **(7)**

1. Corporation Name
WHITES ENTERPRISES, INC.

Principal Place of Business	Mailing Address
3708 ISLAND VIEW DRIVE PUNTA GORDA FL 33982	3708 ISLAND VIEW DRIVE PUNTA GORDA FL 33982

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/30/1973**
3a. Date of Last Report: **08/10/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **59-1494663** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WHITE, EMMA L.
3718 ISLAND VIEW DRIVE
PUNTA GORDA FL 33982

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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	WHITE, WILLIAM D.	12 NAME	
STREET ADDRESS	3726 ISLAND VIEW DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	BRANDT, SHARON S.	22 NAME	
STREET ADDRESS	401 CARDIFF STREET	23 STREET ADDRESS	
CITY-ST-ZIP	HARBOUR HEIGHTS FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	WORTMAN, LOUANNA M.	32 NAME	
STREET ADDRESS	2022 PARKVIEW DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WHITE, EMMA L.	42 NAME	
STREET ADDRESS	3718 ISLAND VIEW DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	WHITE, HAROLD	52 NAME	
STREET ADDRESS	3718 ISLAND VIEW DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	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: Emma White 4/28/95 813-639-0666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #