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 FEB -9 AM 11:33

DOCUMENT # 561166 (0)

1. Corporation Name
WHITE COMMERCIAL CORPORATION

Principal Place of Business	Mailing Address
1101 EAST OCEAN BLVD. STUART FL 34996	1101 EAST OCEAN BLVD. STUART FL 34996

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/02/1978
3a. Date of Last Report: 02/07/1994

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: 59-1792946 ☐ 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

WHITE, DONALD S.
1101 EAST OCEAN BLVD.
STUART FL 34996

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 mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITE, DONALD S.	1.2 NAME	
STREET ADDRESS	827 MACARTHUR BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Zip: 34996
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	WERNER, JOHN J.	2.2 NAME	
STREET ADDRESS	684 SW WOODSIDE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	2.4 CITY-ST-ZIP	Zip: 34990
TITLE	ST	3.1 TITLE	☐ Change ☐ Addition
NAME	LORTON, SHERRY	3.2 NAME	
STREET ADDRESS	1987 SE MONROE ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Zip: 34997
TITLE	DVP	4.1 TITLE	☐ Change ☐ Addition
NAME	MARTIN, PHILLIP L	4.2 NAME	
STREET ADDRESS	167 SEASIDE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER FL	4.4 CITY-ST-ZIP	Zip: 33477
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCOY, GEORGE S	5.2 NAME	
STREET ADDRESS	2913 HIGHWAY 15N	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANDERSVILLE GA	5.4 CITY-ST-ZIP	Zip: 31082
TITLE		6.1 TITLE	☐ Change ☐ 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 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: Sherry Lorton Sherry Lorton Secretary/Treasurer 1/16/95 (407) 283-2420
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0361260 CP