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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 681043

(6)

JON WHITE INC.



FILED

Apr 24 1997 8:00am

Secretary of State

Principal Prace of Business Mailing Address ROUTE 1 BOX 226 RT 1. BOX 16105				
C/O JOH WHITE ALACHUA FL 32615	ALACHUA FL 32615-9801		3. Date Incorporated or Qualified 08/05/1980	3a. Date of Last Report 11/04/1996
2. Principal Place of Business	2a. Mailing Address		4 FEI Number	Applied For
21	26 16105 Martin	When King	Bl. 59-2023392	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	J	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	•	Trust Fund Contribution	Added to Fees
Zip Country	Z10	Country	8. This corporation has liability for	
24 25	29 32615 -5253 31	<u>) </u>		Yes No
9. Name and Address of Cur	rent Hegistered Agent	81 Name	10. Name and Address of New Re	gisterea Agent
WHITE, JON				
ROUTE 1 BOX 16105 ALACHUA FL 32615		82 Street Addr	ess (P.O. Box Number is Not Acceptat	ole)
ALAOHOA I E SEGIS		B3		
		0.1		To-1 75 Code
		84 City		FL 85 Zip Code
	MANUEL F (NOTE: F	ngistered Agent signature requi	red when reinstating)	DATÉ
	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFI	
TILL PD C	☐ DELETE	1 1 TITLE		Change Addition
NAME WHITE, JON STREET ADDRESS RT 1 BOX 228	•	12 NAME		
CITY-S1-ZIP ALACHUA FL 32615		1.3 STREET ADDRESS 1.4 City-St-2ip		
RITE O	DELETE	2.1 TITLE		. Change Addition
NAME WHITE, JON	 -	2.2 NAME		
STREET ADDRESS RT 1 BOX 226		2.3 STREET ADDRESS		[
CHY-ST-ZIP ALACHUA FL 32615		2. 4 City-St-ZIP		·
int VP	DELETE	3.1 TITLE		Change Addition
NAME WHITE, JONNY W. JR.		3.2 NAME	,	
STREET ADDRESS RT 1 BOX 226	1	3.3 STREET ADDRESS		
City-S1-7IP ALACHUA FL	Dougra	3.4. CITY - ST - ZIP		D Oberes Clause
TITLE	L_ DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
SHY-ST-2F	☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		5.2 NAME		mai 12 - mai - 112/110/1
STREET ACORESS		5.3 STREET ADDRESS		
City St-ZP		5.4 City-St-ZiP		
INTE	☐ DELETE	61 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 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

SIGNATURE