

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 856962 (6)

1. Corporation Name
CHARLES N. WHITE CONSTRUCTION COMPANY



Principal Place of Business

115 ISSAQUENA AVE
P.O. BOX 656
CLARKSDALE MS 38614
US

Mailing Address

115 ISSAQUENA AVE
P.O. BOX 656
CLARKSDALE MS 38614
US

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified
06/30/1983

3a. Date of Last Report
02/07/1995

4. FET Number
64-0524151

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

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 607.0407 and 607.1308, 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 607.0507, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	
NAME	WHITE, CHARLES N., SR.	
STREET ADDRESS	487 HOPSON PIXLEY RD	
CITY, ST, ZIP	CLARKSDALE MS	
TITLE	VD	
NAME	WHITE, CHARLES N., JR.	
STREET ADDRESS	6907 CAPITOL OF TX #250	
CITY, ST, ZIP	AUSTIN TX	
TITLE	STD	
NAME	WHITE, JEANNINE H.	
STREET ADDRESS	487 HOPSON PIXLEY RD	
CITY, ST, ZIP	CLARKSDALE MS	
TITLE	VD	
NAME	GREEN, HARVEY C.	
STREET ADDRESS	RT 1 BOX 150	
CITY, ST, ZIP	MARKS MS	
TITLE	V	
NAME	WHITE, GUY	
STREET ADDRESS	313 NORTHTOWN DR	
CITY, ST, ZIP	JACKSON MS	
TITLE	V	
NAME	HOLLIMAN, DAVID	
STREET ADDRESS	1755 PARK CIR DR	
CITY, ST, ZIP	CLARKSDALE MS	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1. TITLE	CEO/DIRECTOR		
2. NAME			
3. STREET ADDRESS			
4. CITY, ST, ZIP			
5. TITLE	PRESIDENT/DIRECTOR		
6. NAME			
7. STREET ADDRESS			
8. CITY, ST, ZIP			
9. TITLE	VICE PRESIDENT		
10. NAME			
11. STREET ADDRESS			
12. CITY, ST, ZIP			
13. TITLE	VICE PRESIDENT/DIRECTOR		
14. NAME			
15. STREET ADDRESS			
16. CITY, ST, ZIP			
17. TITLE			
18. NAME			
19. STREET ADDRESS			
20. 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)(k), 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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David Holliman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DAVID HOLLIMAN VICE PRESIDENT

2/20/96 601-627-4705
DATE OF FILING

CR2E034 (12/95)