

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

FILED

**Feb 07 1997 8:00am
Secretary of State**

PROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 856962 (6)
1. Corporation Name
CHARLES N. WHITE CONSTRUCTION COMPANY



Principal Place of Business Mailing Address
**115 ISSAQUENA AVE
P.O. BOX 656
CLARKSDALE MS 38614
US**

3. Date Incorporated or Qualified **06/30/1983** 3a. Date of Last Report **02/28/1996**

2. Principal Place of Business 2a. Mailing Address

4. FEI Number **64-0524151** Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *David Holliman* **REQUIRED** 1/24/97 601-627-4705
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)