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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856962

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 64-0524151	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current 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	
				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	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, CHARLES N SIR	1.2 NAME	
STREET ADDRESS	487 HOPSON PIXLEY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLARKSDALE MS	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, CHARLES N JR	2.2 NAME	
STREET ADDRESS	6907 CAPITOL OF TX #250	2.3 STREET ADDRESS	7615 CREEK BLUFF DRIVE
CITY-ST-ZIP	AUSTIN TX	2.4 CITY-ST-ZIP	AUSTIN, TEXAS 78750
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, JEANNINE H.	3.2 NAME	
STREET ADDRESS	487 HOPSON PIXLEY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLARKSDALE MS	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, HARVEY C	4.2 NAME	
STREET ADDRESS	RT 1 BOX 150	4.3 STREET ADDRESS	806 VINEY RIDGE ROAD
CITY-ST-ZIP	MARKS MX	4.4 CITY-ST-ZIP	CLARKSDALE, MS 38614
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, GUY	5.2 NAME	
STREET ADDRESS	313 NORTHTOWN DR	5.3 STREET ADDRESS	2033 PETIT BOIS
CITY-ST-ZIP	JACKSON MS	5.4 CITY-ST-ZIP	JACKSON, MS. 39211
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLIMAN, DAVID	6.2 NAME	
STREET ADDRESS	1755 PARK CIR DR	6.3 STREET ADDRESS	232 PORTER DRIVE
CITY-ST-ZIP	CLARKSDALE MS	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: David Holliman PRESIDENT 1/4/99 601-620-4705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #