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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

1	996		DIVISION OF CO				
DOCUM 1. Corporation 1		F21648	(3)				
ROGER	WHITE ASS	SOCIATES, INC.				 	
Principal Place o	of Business		Mailing Address			I HOOMING HILE ROOM HIDIN DINK DARI	! ID# 01011 \$1611 3181! DIO# 01011 61611 1881
17 KATRINAS	DR		17 KATRINAS DR				
≢2605		#2605					
ORMOND BEHAC FL 32174 US			Ormond Behag FL 321 US	74		3. Date Incorporated or Qualified 03/02/1981	3a. Date of Last Report 06/27/1995
2. Principal Plac			2a. Mailing Address			4. FEI Number	Applied For
	trinas l	Orive	26 17 Katrinas	s Drive		59-2063119	Not Applicable
Suite, Apt. #, 22	etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	d Beach	. FT.	City & State 28 Ormond Beau	ah Rt.		6. Election Campaign Financing	\$5.00 May Be
[-		ounto:				Trust Fund Contribution	Added to Fees
24 3217	4 25	JSA	^Z 32174	COUDSA		8. This corporation has liability for in Florida Statutes	
	9, Name and A	Address of Current F				10. Name and Address of New R	egistered Agent
				81 Name	TTE	, ROGER	
WHITE, F				82 Street	Addres	s (P.O. Box Number is Not Acceptable Trinas Drive	le)
17 KATR	inas dr				Ka	trinas Drive	
#2605	, description of			83			
UKMUNL	BEAME/FL 3	21/4		84 City		nd Beach	FL 85 32174
11. Possibilita	the provisions of	Sections 607.0502 ar	nd 607.1508 Florida Statutes	the above-named co	oroorali	ion submits this statement for the run	nose of changing its registered office
[or registered	o agent, or both, .	in the State of Florida.	Such change was authorized I 607.0505, Florida Stalutes.	by the corporation's	board	of directors. I hereby accept the appo	intment as registered agent. I am
SIGNATURE	, and a copy the	ornigation is on, electrical	our ,0000, Florida Situates.				
	gracine, typisal or più tec	I name of regulational agent and		Registeren Agent signature r	гескитео w	fien reinstating)	DATE
12.	DD.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFF	
TOLE NAME	DP	2E0 E	☐ DELÉTE	1.1 THILE			☐ Change ☐ Addition
STEEL LADORESS	WHITE, ROG 17 KATRINA			1.2 NAME 1.3 STREET ADDRESS			
CHY-SI-ZIP	ORMOND E			1.3 STREET ADDRESS	0 200	mond Beach, FL	
THUE	V	A.F.O Y.C.	□ DELETE	2 1 THLE	UII	mond beach, 1-b	☐ Change ☐ Addition
NAMe	CARRELL, E	OWIN A		2 2 NAMÉ			
STREET ADDRESS	RTE 3 BOX	115B RANCH		2 3 STREET ADDRESS			
CHY ST-ZIP	GEORGETO	WN, TX 78226		2 4 CITY - ST - ZIP			
10.1			☐ DELETE	3 1 THILE			Change Addition
NAM!				3 2 NAME			
STARLLE ADJORESS. OUT ST. ZIP				3.3 STREET ADDRESS			
10.5			DELETE	3.4 CITY-ST-ZIP 4. 1 TITLE	 		Change Addition
NAMI				4.2 NAME			
STEAT LADORESS				4.3 STREET ADDRESS			
CHY SE 24			The second secon	4 4 CITY - ST - ZIP			
Titlet			DELETE	5 1 TITLE			☐ Change ☐ Addition
NAM!				5.2 NAME			
STREET ADDRESS				5 3 STHEET ADDRESS			
0-15 51-20 1013			DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	+		Change [1] Addition
NAMI			<u></u>	6.2 NAME			□ Aurti-Mo □ Monteput
STRAIT ADDRESS				6 3 STREET ADDRESS			
CON SI ZiF				6 4 City - St - ZiP			
14. I do hereby certify that t	certify that the initial information inc	ormation supplied wit licated on this annual	r this filing is voluntarily furnish report or supplemental annual	ed and does not qua report is true and ac	alify for ocurate	the exemption stated in Section 119, and that my signature shall have the	07(3)(k), Florida Statutes. I further same legal effect as if made under

outs, 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: RE White

NAME OF SIGNING OFFICER OR DIRECTOR DIR